

**GOVERNMENT OF ANDHRA PRADESH**  
**GOVERNMENT GENERAL HOSPITAL, GUNTUR**

RECRUITMENT OF GENERAL SURGEON TRAINED IN NEURO SURGEON, ORTHOPEDIC SURGEON, ANESTHETIST (DOCTOR), CASUALTY MEDICAL OFFICER, STAFF NURSE, BIO MEDICAL TECHNICIAN AND OFFICE STAFF/DATA ENTRY OPERATOR ON CONTRACT BASIS TO WORK IN TRAUMA CARE CENTRE, GOVERNMENT GENERAL HOSPITAL, GUNTUR.

**APPLICATION FORM**

REGISTRATION NO:  
(TO BE FILLED BY THE OFFICE)

APPLICATION FOR THE POST:

1	Name of the Candidate									
2.a	Name of the Father									
2.b	Name of the Mother									
2.c	Name of the Husband/ Wife (if married)									
3	Gender (M/F/Others)									
4	Date of Birth									
4.a	Age as on 01-02-2022	Years:	Months:	Days:						
5	Social Status (Please Tick)	<b>OC</b> <input type="checkbox"/>	<b>BC-A</b> <input type="checkbox"/>	<b>BC-B</b> <input type="checkbox"/>	<b>BC-C</b> <input type="checkbox"/>	<b>BC-D</b> <input type="checkbox"/>	<b>BC-E</b> <input type="checkbox"/>	<b>EWS</b> <input type="checkbox"/>	<b>SC</b> <input type="checkbox"/>	<b>ST</b> <input type="checkbox"/>
6	Whether Physically handicapped (Please Tick)	YES/NO								
6.a	If please mention category (Please Tick)	VH		/	HH		/	OH		
7	Whether Ex Service Men/Women	YES /NO								

**DETAILS OF SCHOOL EDUCATION FOR LOCAL STATUS:-**

CLASS	YEAR OF PASSING	NAME OF THE STUDYING VILLAGE AND MANDAL	DISTRICT IN WHICH STUDIED
IV			
V			
VI			
VII			
VIII			
IX			
X			

- **STUDY CERTIFICATES FROM IVTH TO XTH SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON LOCAL.**

**EDUCATIONAL QUALIFICATIONS AND MARKS OBTAINED IN THE QUALIFYING EXAMINATION**

Qualifying Examination	Year of passing	Total Marks	Marks obtained	% of Marks Obtained

**WORK EXPERIENCE DETAILS:-**

S.No	Name of the organization	Type of Organization (Govt., / Private / NGO)	Position held	Period of works (from...to...)

Fee Particulars :

Amount Paid:

DD No:

DD Date:

Name of the Bank (Please Tick): SBI / UNION

ADDRESS PARTICULARS:

Name :

Father/Spouse Name :

House No :

Street :

Village/Town :

District :

Pin :

Cell No / Ph. No:

**DECLARATION**

I, Smt / Kum / Sri ..... D/o / S/o .....

certify that above particulars furnished by me are correct to the best of my knowledge. I also agree that in the event of any of the particulars furnished in my application being found to be incorrect or false at a later date my candidature will be cancelled summarily

NAME AND SIGNATURE OF THE  
CANDIDATE