

GOVERNMENT OF ANDHRA PRADESH
ANDHRA PRADESH VAIDYA VIDHANA PARISHAD
RECRUITMENT OF LAB TECHNICIA GR.II/PHARMACIST GR.II ON CONTRACT BASIS
AND RADIOGRAPHER AND OTHER POSTS ON OUTSOURCING BASIS

APPLICATION FORM

REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)

| |
|--|
| |
|--|

POST FOR WHICH APPLICATION MADE:

| |
|--|
| |
|--|

| | | | | | | | | | | | | | | | | |
|------|---|--|--|---------|---------|---------|---------|---------|----|----|--|--|--|--|--|--|
| 1. | Name of the candidate | | Paste Photograph here and sign across it | | | | | | | | | | | | | |
| 2.a | Name of the Father | | | | | | | | | | | | | | | |
| 2.b | Name of Mother | | | | | | | | | | | | | | | |
| 2.c | Name of husband/wife (if married) | | | | | | | | | | | | | | | |
| 3. | Gender (M/F) | | | | | | | | | | | | | | | |
| 4. | Date of Birth | | | | | | | | | | | | | | | |
| 5. | Social Status(Please tick) | <table border="1" style="width: 100%; text-align: center;"><tr><td>OC</td><td>BC A</td><td>BC B</td><td>BC C</td><td>BC D</td><td>BC E</td><td>SC</td><td>ST</td></tr></table> | OC | BC A | BC B | BC C | BC D | BC E | SC | ST | | | | | | |
| OC | BC A | BC B | BC C | BC D | BC E | SC | ST | | | | | | | | | |
| 6. | Whether Physically handicapped (Please tick) | YES / NO | | | | | | | | | | | | | | |
| 6(a) | If yes please mention category (Please tick) | VH / HH / OH | | | | | | | | | | | | | | |
| 7. | Whether Ex Service man/woman | YES / NO | | | | | | | | | | | | | | |

Fee Particulars :

Amount Paid :

Receipt No.

Name of the Bank

ADDRESS PARTICULARS:

Name :

Father Name/

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