

To be filled by the candidate only in (A4 Size Paper)

**APPLICATION FORM**

GOVERNMENT OF ANDHRA PRADESH:  
HEALTH, MEDICAL AND FAMILY WELFARE DEPARTMENT  
REGIONAL DIRECTOR OF MEDICAL AND HEALTH SERVICES: VISAKHAPATNAM /  
RAJAMAHENDRAVARAM / GUNTUR / KADAPA

**NOTIFICATION 01/2019 RECRUITMENT OF STAFF NURSE POSTS**

ON REGULAR BASIS AT THE NEWLY CREATED / ADDITIONAL (19) UNITS OF  
OBSTETRICS AND GYNAECOLOGY IN GOVERNMENT GENERAL HOSPITALS IN  
THE STATE AND THE POSTS SANCTIONED IN G.O.Ms.No. 45 HM&FW (D2)  
DEPARTMENT DATED 17-02-2019

<b>APPLICATION NO:</b> <b>(TO BE FILLED BY RDM&amp;HS, Visakhapatnam / Rajamahendravaram / Guntur / Kadapa</b>	
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**APPLICATION FOR:**

**STAFF NURSE**

(TO BE FILLED BY  
CANDIDATE)

1	Name of the Candidate		<b>Latest Photograph Paste here</b>
2	Name of the Father / / Guardian		
	Spouse Name (If married)		
3	Gender		
4	Date of Birth	DD/ MM/ YYYY	
	Age as on 30.06.2019	Years	
5	Social Status	<b>OC/BC- A/BC- B/BC- C/BC- D/BC- E/SC/ST</b>	
6	Whether Physically handicapped	YES / NO	
6 (a)	If yes please mention category	HH / OH / VH	
7	Whether Ex Service man	YES / NO	
8	District from which candidate is applying		

**DETAILS OF SCHOOL STUDY**

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

**EDUCATIONAL QUALIFICATIONS**

QUALIFICATION	YEAR OF PASSING	NAME OF THE SCHOOL/ COLLEGE	DISTRICT IN WHICH STUDIED
S.S.C			
INTERMEDIATE			

QUALIFICATION	YEAR OF PASSING	NAME OF THE SCHOOL/ COLLEGE	DISTRICT IN WHICH STUDIED	Maximum Marks	Marks obtained	Percentage in course
GNM						

<b>ANDHRA PRADESH NURSING AND MIDWIFERY COUNCIL REGISTRATION NUMBER</b>		
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**ADDRESS PARTICULARS**

<b>NAME</b>	
<b>D/o, C/o.</b>	
<b>HOUSE. NO. /DOOR. NO. / FLAT. NO.</b>	
<b>STREET</b>	
<b>VILLAGE/ TOWN</b>	
<b>DISTRICT</b>	
<b>PIN CODE NO (Postal)</b>	
<b>CONTACT MOBILE PHONE NO .</b>	
<b>EMAIL. ADDRESS ( If Available)</b>	

**Fee:** Each application must be accompanied by DD worth of 500/- (Rupees Five hundred only) in favour of Director Of Public Health and Family Welfare Payable at Vijayawada. Exemption: - SC., ST., PH and BC candidates are exempted from payment of fee.

<b>DEMAND DRAFT PARTICULARS RS: 500-00 (Five hundred)</b>	<b>DD. NO</b>		<b>DATE:</b>	
	<b>BANK NAME:</b>			

**SELF DECLARATION**

I Smt. / Kum./ \_\_\_\_\_ D/o. W/o.

..... Certify that above particulars furnished by me are correct. 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 can be cancelled summarily.

**Station:**

**Signature of the candidate.**

**Date :**

**Acknowledgment**

**Office of the Regional Director of Medical and Health Services, \_\_\_\_\_**

**Received Application for the post of Staff Nurse \_\_\_\_\_**

**From Smt/Kum: \_\_\_\_\_**

**On \_\_\_\_\_**

**Application No /Regd. No. \_\_\_\_\_**

Signature of the Receiving official