

ANNEXURE III
GOVERNMENT OF ANDHRA PRADESH
NATIONAL HEALTH MISSION, AP
 APPLICATION FOR THE POST OF

PERSONAL DETAILS:

1	Name	
2	Sex	
3	Date of Birth	
4	Father Name	
5	Social Status	BCA/ BCB/ BCC/BCD/ BCE/ SC/ ST
6	Aadhar Number	
7	Mobile Number	
8	e-mail addresses	
9	Address for communication	

EDUATIONAL DETAILS:

	Class	Name of the Course	Year of Passing	School /College studied
1	SSC/X			
2	Intermediate			
3	Degree			
4	Post Graduation			

DETAILS OF MARKS OBTAINED

Name of the Degree/ PG	Maximum Marks/Grade	Marks obtained/Grade obtained	Percentage

WORK EXPERIENCE DETAILS:

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

DETAILS ENCLOSURES:

S.No	Copy of certificate	Enclosed (Yes/No)
1	SSC/X	
2	Intermediate /10+2	
3	Degree certificate	
4	Degree Marks memos	
5	PG Certificate	
6	PG Marks memos	
7	Experience certificates from employer	
8	Caste Certificate (If applicable)	

Signature of the Candidate