

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
OBSTERITICS 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

APPLICATION NO: (TO BE FILLED BY RDM&HS, Visakhapatnam / Rajamahendravaram / Guntur / Kadapa	
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APPLICATION FOR:

STAFF NURSE

(TO BE FILLED BY
CANDIDATE)

1	Name of the Candidate		Latest Photograph Paste here
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	OC/BC- A/BC- B/BC- C/BC- D/BC- E/SC/ST	
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						

ANDHRA PRADESH NURSING AND MIDWIFERY COUNCIL REGISTRATION NUMBER		
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ADDRESS PARTICULARS

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

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.

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

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

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

Check list:

Note: - The candidate should submit the following Photostat copy certificates duly Attested by the Gazetted officer along with application form. Failing which the application will be rejected.

Sl. No.	Certificate particulars	Whether enclosed Yes / No
1.	SSC or equivalent examination (for date of Birth).	
2.	Intermediate examination or 10+ 2 examination.	
3.	GNM examination pass certificates (Provisional or Original Degree) .	
4.	Marks memos of all the years of GNM examination.	
5.	Certificate of permanent registration in Andhra Pradesh Nursing & Midwives council should be enclosed.	
6.	Copy of the caste / community certificate in case of SC / ST / BC (with categorization) issued by the Revenue authorities Tahasildar /MRO concerned. In the absence of proper caste certificate the candidate will be treated as OC candidate, and OC candidate guidelines will be applicable to this type of Candidates.	
7.	Study certificates for the years 4th class to 10th class from the school where the candidate studied (Govt. / ZP / Municipal / Aided schools).	
	In case of private study 4th class to 10th class 7 years residence certificate from the Revenue authorities (Tahasildar/ MRO) (4th class to 10th class with years and school name).	
	In the absence of the above study /residence certificates the candidate will be Considered as Non -Local.	
8.	Copy of the latest physically Handicapped certificate issued by the Regional Medical Board or SADAREM in respect of Candidates claiming reservation under PH Quota.	
9.	Relevant certificates in respect of candidates claiming Ex-Service man Quota.	
10	Contract Service Certificate issued by the concerned authorities (DMHO / DCHS / Superintendent etc.,)	
10.	Crossed demand draft for Rs.500/- (Rupees five hundred only) in favour of "Director <u>Of Public Health and Family Welfare</u> , Payable at Vijayawada. However SC., ST., PH and BC candidates are exempted from payment of fee.	
11.	One self addressed Cover size 12 X 26 cm with postal stamps for worth of Rs. 35/- and self addressed post card.	

Station :

Date :

Signature of the candidate

Note: 1. The application submitted without the required certificates and incomplete Applications will be rejected summarily.
2. If application sent by post. Postal address is

Zone – I, The Regional Director of Medical and Health Services, Opp. Bullaiah College, Resapuvanipalem, Visakhapatnam

Zone – II The Regional Director of Medical and Health Services, District Headquarters Hospital Compound, Rajamahendravaram

Zone – III The Regional Director of Medical and Health Services, Janda Chettu Street, Near Aswani Hospital, Back side of RTC Bus Stand, Old Guntur, Guntur

In respect of candidates belonging to Zone – IV, they should submit their applications in the Office of the Director of Public Health and Family Welfare, Himagna Towers, III Floor, LIC Colony, Gollapudi, Vijayawada

The last date for submission of application is on or before 05.03.2019 by 5:00 P.M.