

NOTIFICATION

DISTRICT TB CONTROL OFFICE, SRIKAKULAM
DISTRICT HEALTH & FAMILY WELFARE SOCIETY,
NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME (NTEP)

Notification for the Recruitment drive for the Post like **Lab Technician (Contract Basis)** in the District TB Control Office, Srikakulam Under the District Health & Family Welfare Society (NTEP), Srikakulam.

APPLICATION FORM

**REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)**

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POST FOR WHICH APPLICATION MADE

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1.	Name of the Candidate		Paste photograph here and sign across it								
2.a	Name of the father										
2.b	Name of the Mother										
2.c	Name of Husband / wife (if married)										
3.	Sex										
4.	Date of Birth and age										
5.	Social status (Please tick)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="text-align: center;">OC</td><td style="text-align: center;">BC A</td><td style="text-align: center;">BC B</td><td style="text-align: center;">BC C</td><td style="text-align: center;">BC D</td><td style="text-align: center;">BC E</td><td style="text-align: center;">SC</td><td style="text-align: center;">ST</td></tr></table>	OC	BC A	BC B	BC C	BC D	BC E	SC	ST	<p><u>Note: If the ST Candidate Comes under Local Scheduled area please submit their Local Scheduled Area Certificate issued by the Concerned MRO's</u></p>
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)	HH / OH / VH									
7.	Whether Ex-Service man / Women	Yes / No									

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	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:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERSITY

MARKS OBTAINED IN THE QUALIFYING EXAMINATION:

Qualifying Examination	Total Marks	Marks Obtained (As per the questions mentioned in the notification)	% of Marks obtained

EXPERIENCE in Govt.Sector:

Sl. No	Name of the PHC	Experience		No of Years Completed
		From	To	
1.				
2.				
3.				

ADDRESS PARTICULARS:

Name :

Father Name :

Husband Name :

House No. :

Street :

Village / Town :

District :

Pin :

Cell No. / Phone No. :

DECLARATION

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

Check List

1. Name of the Candidate & Address :

2. Mobile No. :

3. Date of Birth (Mentioned in 10th Class) :

4. Cast :

5. Local / Non-Local :
(Study from 4th 10th more than 4 years
(i.e. from 4th to 10th) in Srikakulam District,
candidate belongs to Local other than Non-Local)

6. Physically Handicapped :
(Plz. mentioned % of PH
Only southern certificates are allowed)

7. Technical Training Marks :
(Secured / Max Marks)

8. Year of Passing :
(i.e. Registration Year)

9. Experience Certificate on Contract/
Out-Sourcing details :

Signature of the Candidate

Please submit your application
below Order:

1. Check List

2. Application Form

3. 10th Class Marks List

4. Caste Certificate

5. PH Certificate (SADARAM Certificate)

6. Study Certificate (i.e., 4th to 10th class)

7. Education Qualification (i.e., Technical Education)

8. Registration Certificate

9. Experience Certificate (Govt. Service Only)