

GOVERNMENT OF ANDHRA PRADESH
GOVERNMENT GENERAL HOSPITAL, GUNTUR

RECRUITMENT OF ACCOUNTANT CUM CLERK, PEER EDUCATOR, CHOWKIDAR AND HOUSE KEEPING
WORK ON TEMPARARY BASIS INTIALLY FOR A PERIOD OF ONE YEAR AT ALCOHOL & DRUG DE-
ADDICTION CENTRE, GGH, GUNTUR

APPLICATION FORM

REGISTRATION NO:

(TO BE FILLED BY THE OFFICE)

APPLICATION FOR THE POST:

1	Name of the Candidate									
2.a	Name of the Father									
2.b	Name of the Mother									
2.c	Name of the Husband/ Wife (if married)									
3	Gender (M/F/Others)									
4	Date of Birth									
4.a	Age as on 30-04-2026	Years:	Months:	Days:						
5	Social Status (Please Tick)	OC <input type="checkbox"/>	BC-A <input type="checkbox"/>	BC-B <input type="checkbox"/>	BC-C <input type="checkbox"/>	BC-D <input type="checkbox"/>	BC-E <input type="checkbox"/>	EWS <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>
6	Whether Physically handicapped (Please Tick)	YES/NO								
6.a	If please mention category (Please Tick)	VH		/	HH		/	OH		
7	Whether Ex Service Men/Women	YES /NO								

DETAILS OF SCHOOL EDUCATION FORLOCAL STATUS:-

CLASS	YEAR OF PASSING	NAME OF THE STUDYING VILLAGE AND MANDAL	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.

APPENDIX-I

CERTIFICATE OF RESIDENCE

(Vide Sub-Clause (ii) of Clause (a) para 7 of the Presidential order) It is hereby certified,

(a) That Sri/Smt/Kum. _____

S/o.W/o,D/o _____ appeared for the first time for the matriculation(S.SC) Examination in (month)_year;

(b) That he/she has not studied in any educational institution during the whole or a part of the 4 consecutive academic years ending with the academic year in which he/she first appeared for the aforesaid examination;

(c) That in the 4 years immediately preceding the commencement of the aforesaid examination, he/she resided in the following place/places namely,

Village	Taluk	District	Period
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Station: OFFICE SEAL

Date:

Officer of Revenue Department not
Below the rank of Tahsildhar or
Deputy Tahsildhar in independent
Charge Of a Sub Taluk

Date:

*Strike off 'whole' 'a part', as the case may be.

::CHECKLIST::

Sl. No.	Enclosure	Enclosed
1	Memo of SSC(or)equivalent certificate	Yes/No
2	Latest caste certificate(in case of SC/ST/BC)	Yes/No
3	Latest EWS (Economically Weaker Sections) certificate issued by the competent authority in case of EWS categories	Yes/No
4	Latest physically handicapped certificate issued in sadarem.	Yes/No
5	Ex-servicemen/women in armed forces certificate(if applicable)	Yes/No
6	Sports claiming(if applicable)	Yes/No
7	Study certificates from Class-IV to X where the candidate studied regularly. As per para no.8 (f) of notification	Yes/No
8	Marks memos of all the years of qualifying examination	Yes/No
9	Provisional/Permanent certificate of qualification	Yes/No
10	Permanent registration certificate of A.P. Nurses& Midwives Council/A.P. Para Medical Board.	Yes/No
11	Any other certificates as relevant and applicable	Yes/No
12	Service certificate issued by the concerned government department all institution head (if applicable)	Yes/No
13	Latest passport size photograph of the applicant with attestation	Yes/No
14	Application fee should be paid by way of UPI transfer/RTGS/NEFT to the A/c. No. with IFSC code and enclose transaction receipt along with application.	Yes/No

Signature of the applicant