

GOVERNMENT OF ANDHRA PRADESH

APPLICATION FOR THE POST OF _____ ON CONTRACT

BASIS UNDER NCD PROGRAMME IN VIZIANAGARAM DISTRICT

APPLICATION FORM

REGISTRATIN 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							
2a	Name of the Father									
2b	Name of the Mother									
2c	Name of Husband / wife (if married)									
3	Sex									
4	Date of Birth and Age									
5	Social status (Please tick)		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	% of Marks obtained

ADDRESS PARTICULARS:

Name :
Father Name :
Husband Name :
House No. :
Street :
Village / Town :
District :
Pin :
Mobile No. / Phone No. :

DECLARATION

I, Smt / Sri / Kum D/o / S/o / W/o
..... Certify that the 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

Date:

Name and Signature of the
Candidate