

GOVERNMENT OF ANDHRA PRADESH
SIDDHARTHA MEDICAL COLLGE, VIJAYAWADA, KRISHNA DISTRICT

**APPLICATION FOR THE POSTOF STAFF NURSES/ MINISTERIAL
SERVICES/ PARAMEDICAL/ LAB TECHNICIANS/CLASS-VI/
PHARMACISTSTO WORK ON CONTRACT/ OUTSOURCING BASIS
IN SUPER SPECIALTY HOSPITAL, SMC, VIJAYAWADA**

APPLICATION FORM

RegistrationNo: _____
(To be filled by Office)

Post for which Applicationmade: _____

Paste latest
Passport size
photograph and
sign across it

1.	Name of the candidate								
2. a	Name of the Father								
2. b	Name of the Mother								
2. c	Name of husband / Wife (if married)								
3.	Gender (M/F/TG)								
4.	Date of Birth								
5.	Social Status (Please Tick)	OC	BC A	BC B	BC C	BC D	BC E	SC	ST
6. a	Whether Physically Handicapped (Please tick)	YES / NO							
6. b	If yes please mention the category (Please tick)	VH / HH / OH							
7.	Whether Ex-servicemen/women	YES / NO							

08. DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	Name of the School and Place of Study	Name of the District
IV			
V			
VI			
VII			
VIII			
IX			
X			

09. ACADEMIC QUALIFICATION:

Qualifications: (SSC/INTER)	Total Marks	Marks obtained	Years of passing

10. MARKS OBTAINED IN THE TECHNICAL EXAMINATION (Copy should be Enclosed)

Qualifying Examination (GNM/BSC(N)/M.Sc(N)/Diploma/ DEGREE / PG	Total Marks	Marks Obtained	% of Marks Obtained	Year of passing

11. Experience Certificate in case of contract/Out Sourcing Employees. (Copy should be Enclosed)

Sl.No.	Name of the Hospital	Experience		No of years completed
		From	To	

Application Process Fee : Rs.200/-

Date of payment :

Name of the Bank :

Branch and Place of Payment :

ADDRESS PARTICULARS:

Name :
Father'sName :
SpouseName :
HouseNo :
Street :
Town :
Village :
Mandal :
District :
PIN code :
Mobile No. /PhoneNo. :
Email.I.D :

DECLARATION

I,Smt./Kum/Sri.....D/O,S/O,W/O..... Certify thatabove 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 :

Date :

SIGNATUREOF THE CANDIDATE

Guidelines and instructions for filling up of application:

The filled applications should be submitted in person/Registered post duly enclosing the following certificates duly attested by the Gazetted officer along with the application form at inward Tappals section in the office of the Siddhartha Medical College, Vijayawada, Krishna Dist from **12.08.2020 to 18.08.2020** on working days in working hours i.e 10.30 AM to 5.00 PM. The application without signature of the applicant or without any of the following enclosures will be summarily rejected.

1. S.S.C or Equivalent examination MarksMemo.
2. Intermediate or 10+2 examination MarksMemo.
3. Qualifying Examination Pass Certificate (Provisional certificate not consider).
4. Marks memos of all the years (qualifyingexamination)
5. Registration and Renewal certificates of respective councils must be inforce.
6. Internship Certificate if anyapplicable.
7. Latest Caste certificate issued by the Tashildhar/MROconcerned
8. Study certificate for the years from 4th class to 10thClass.
In case of Private study residence certificate from the Tashildhar/MRO concerned for the above period (4th to 10th Class study period).
9. PH certificate (SADAREM CERTIFICATE) in respect of candidates
Claimingreservation under DisabledQuota
10. Relevant Certificates in respect of candidates claiming Ex Service manQuota.
11. Service Certificate issued by the competent authority who are
claimingcontract/Out sourcing weight age
12. One photograph duly pasted on the applicationform
13. One self addressed cover size 12X26 cm with postal stamps for worth ofRs.35/-
andself addressed postcard.
14. Original receipt /counterfoil for the application processing fee paid in the
AccountNo.33662200006560 of Syndicate Bank, SMC Branch, Vijayawada.