

**APPLICATION FOR THE POST OF STAFF NURSE  
(TO WORK ON CONTRACT BASIS IN COVID HOSPITALS)  
ANDHRA PRADESH MEDICAL AND HEALTH SERVICES  
NOTIFICATION NO.1/2020**

Regd. No.

Application No.:

(To be given by Superintendent, KGH, Visakhapatnam)

1.	Name of the Applicant (In Block Letters)	Latest Passport size Photo	
2.	Father's Name		
3.	Gender:		4. Date of Birth:
5.	Religion:		6. OC/BC-A, BC-B, BC-C, BC-D, BC-E/SC/ST
7.	Address	House Number Village / Town District Pin code Phone Aadhar Number Email id	
8.	Whether belongs to Physically handicapped (Latest Certificate issued by Medical Board to be enclosed) :	YES/NO	
9.	If belongs to Ex-Servicemen; Length of service in armed force (Certificate to that effect to be enclosed):	YES/NO	
10.	NATIVITY (As per Certificate Issued by Tahasildar (Under the provision of	YES/NO	
11.	Study Certificates IV to X <sup>th</sup> :	YES/NO	
12.	SSC Marks list	YES/NO	
13.	Inter Marks list	YES/NO	
14.	BSC Nursing/ GNM Provisional	YES/NO	
15.	BSC Nursing/ GNM Marks list	YES/NO	
16.	Nursing counsel registration	YES/NO	
17.	Nursing counsel registration Renewal	YES/NO	
18.	Experience Certificate in Critical care units (Min 2 Years)	YES/NO	

19. Marks obtained in Academic & Technical Qualification Exam:

Type of Qualification	Please specify Qualifying Examination (SSC/ Inter/ BSC Nursing/GNM Certificate)	Month & Year of Passing	Maximum Marks	Marks Obtained	Percentage of Marks
Academic	SSC				
	Inter				
Technical					

**DECLARATION**

I do hereby declare that all the above facts are true and correct. I further declare that if anything found incorrect I shall be liable for termination from service with immediate effect without any notice.

Signature of Candidate