

**APPLICATION FOR RECRUITMENT FOR THE POST
PARA MEDICAL OPTHALMIC ASSISTANT
ON OUTSOURCING BASIS IN PRAKASAM DISTRICT**

APPLICATION FORM

REGISTRATION NO :

(TO BE FILLED BY THE OFFICE)

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NAME OF THE POST APPLIED FOR:

1	Name of the Candidate		PASS PORT SIZE PHOTO							
2	Sex									
3	Name of the Father									
4	Name of the Mother									
5	Name of Husband/ Wife(if Married)									
6	Date of Birth									
7	Social status(Please Tick)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">OC</td> <td style="padding: 2px;">BC-A</td> <td style="padding: 2px;">BC-B</td> <td style="padding: 2px;">BC-C</td> <td style="padding: 2px;">BC-D</td> <td style="padding: 2px;">BC-E</td> <td style="padding: 2px;">SC</td> <td style="padding: 2px;">ST</td> </tr> </table>	OC	BC-A	BC-B	BC-C	BC-D	BC-E	SC	ST
OC	BC-A	BC-B	BC-C	BC-D	BC-E	SC	ST			
8	Whether Physically handicapped (Please tick)	Yes / No								
9	If yes please mention category (Please tick)	HH / OH / VH								
10	Whether Ex Service man / Woman	Yes / No								
11	Local / Non-Local									
12	Mobile Number									
13	Aadhar Number									
14	Mail Id.									

DETAILS OF SCHOOL EDUCATION:

Sl. No.	Class	Year of Passing	School /Village/Town	District
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			
6	IX			
7	X			

EDUCATIONAL QUALIFICATIONS:

Name of the Academic Qualification	Year of Passing	Name of the Board
SSC		
Intermediate (MPC/Bi.P.C. Only)		

Name of the Technical Qualification	Maximum Marks	Marks Obtained	% of Marks Obtained	Year of Passing	Council Registration Number

Address Particulars:

Name :
Father Name :
Husband Name :
House No :
Street :
Village/Town :
District :
Pin :
Cell No/Ph. No :

DECLARATION

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

Signature of the candidate

CHECK LIST

Candidates are instructed to submit the xerox copies of the certificates with self attestation and arrange the documents in the following order:

1.	Filled in application form	Yes	No
2.	SSC or equivalent certificate (for Date of Birth and Marks).	Yes	No
3.	Academic qualification certificates (MPC/BI.P.C. only)	Yes	No
4.	Technical qualification certificates	Yes	No
5.	Copies of all Marks Memos of Academic / Professional / Technical Qualifying examination	Yes	No
6.	Latest caste certificate (in case of SC/ ST/BC indicating group)	Yes	No
7.	Study certificates from class-IV to class-X where the candidates studied/Residence certificate issued by Tahsildar in respect of private candidates	Yes	No
8.	Latest physically handicapped certificate issued by SADERAM (if applicable)	Yes	No
9.	Paramedical Board Registration certificate	Yes	No
10	Any Other relevant certificates	Yes	No