Sri Venkateswara Institute of Medical Sciences :: Tirupati, Andhra Pradesh

Application form for the Post of Auxiliary Nursing Maid for the research project entitled "Improving the health care access among scheduled tribes: an implementation research in Chittoor District, Andhra Pradesh"

Note: All the columns and fields must be filled in words with legible hand writing, not by dashes and dots. No column should be left blank. Without changing the serial number, order, columns, the applicant may add rows if he / she thinks the given space is insufficient.

Name of the Post applied for_____

S.No	Particulars			Affix recent passport size Photograph Self-attested
1	Full Name in Capital letters: Mr/Miss/Mrs/Dr.			
2	Father / Husband name			
3	Age / Gender	Age:	Gender:	
4	Address for Communication			
5	Permanent Address			
6	Contact number	Telephone:		
		Mobile number:		
7	E mail address			
8	Date of Birth as per SSC marks card			
9	Marital status (Married/Single)			
10	Nationality			

11. Qualifications (BSc, MSc/MA/ ANM)						
	Degree Obtained	Subjects taken	No. of attempts	Year of pass	University	% of marks scored
1						
2						
3						
4						
12	Any additional qualifications:					

13	Particulars of employment or Work Experience in chronological order				
	Name of the employer & Address	Date of joining	Date of leaving	Nature of work performed / being perform	Salary (excluding allowances)

				last drawn

Declaration

I _____, Son of/Daughterof / Wife of _____,
resident of Village/Town/City_____ of District _____ State
_____hereby declare that all the information submitted by me in this
application form is correct, true and valid.

Date :Signature of the Candidate

Place :

For Office Use only:	
Checked by - Signature: Name : Department : Date :	Verified by – Signature: Name: Department: Date :