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

# APPLICATION FOR THE POSTS OF LAB. TECHNICIAN GR.II & LAB ATTENDANT TO WORK ON CONTRACT/ OUTSOURCING BASIS IN SMC, VIJAYAWADA

# **APPLICATION FORM**

(To be filled by Office)						Paste latest Passport size				
Post for which Application made:					pho	photograph and				
							signed across it by Gazetted			
								Office:		
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 (Male /Female /Trans Gender)									
4.	Date of Birth									
5.	Social Status (Please Tick)	OC	BC	BC	BC	BC	BC	SC	ST	
			A	В	С	D	Е			
6. a	Whether Physically Handicapped					G /210				
	(Please tick)				YE	S / NO				
6. b	If yes please mention the category									
	(Enclose SADAREM Certificate)			VH	/	HH	/ (	ΟH		
	(Please tick)									
7.	Whether claiming reservation									
	under Ex Service man quota (Enclose Service certificate)				YE	S / NO	)			
	(Linciose Service certificate)									

#### 08. DETAILS OF SCHOOL EDUCATION:

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

### 09.ACADEMICQUALIFICATION:

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

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

Technical Qualification	Total Marks/ Maximum Marks	Marks obtained / Marks Secured	% 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 Institution	Contract/ Outsourci	Urban/ Rural/	Period o	f Service	Total period of service	Service certificate issued by the Competent Authority (Yes/No)
		ng	Tribal	From	То	certificate YY-MM-DD	

Application Process Fee	:
Date of payment	:
Name of the Bank	:
Branch and Place of Payment	:
ADDRESS PARTICULARS:	
Name	:
Father's Name	:
Spouse Name/ Husbanded/Wife	:
House No	:
Street	:
Town	:
Village	:
Mandal	:
District	:
PIN code	:
Mobile No. /Phone No.	:
Email.I.D	:
	<b>DECLARATION</b>
thatabove particulars furnished by me	CO,W/O
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 24.02.2022 to 26.02.2022 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 Marks Memo.
- 2. Intermediate or 10+2 examination Marks Memo.
- 3. Qualifying Examination Pass Certificate
- 4. Marks memos of all the years (qualifying examination)
- 5. Registration and Renewal certificates of respective councils must be inf orce.
- 6. Latest Caste certificate issued by the Tashildhar /MRO concerned
- 7. 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).
- 8. PH certificate (SADAREM CERTIFICATE) in respect of candidates Claim in reservation under Disabled Quota
- 9. Relevant Certificates in respect of candidates claiming Ex Service man Quota.
- 10. Service Certificate issued by the competent authority who are claiming contract/Out sourcing weightage.
- 11. One photograph duly pasted on the application form
- 12. One self addressed cover size 12X26 cm with postal stamps for worth ofRs.35/-and self addressed postcard.
- 13. Original receipt /counterfoil for the application processing fee paid in the AccountNo.33662200006560 of Canara Bank, SMC Branch, Vijayawada.
- 14. SC, ST & PH candidates are exempted from application Fee.