

## NOTIFICATION

**DISTRICT TB CONTROL OFFICE, SRIKAKULAM**  
**DISTRICT HEALTH & FAMILY WELFARE SOCIETY,**  
**NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME (NTEP)**

Notification for the Recruitment drive for the post. like **PPM-Coordinator (Contract Basis)** Post in the District TB Control Office, Srikakulam Under the District Health & Family Welfare Society (NTEP), Srikakulam.

### APPLICATION FORM

**REGISTRATION NO:  
(TO BE FILLED BY THE OFFICE)**

**POST FOR WHICH APPLICATION MADE**

1.	Name of the Candidate		Paste photograph here and sign across it																
2.a	Name of the father																		
2.b	Name of the Mother																		
2.c	Name of Husband / wife (if married)																		
3.	Sex																		
4.	Date of Birth and age																		
5.	Social status (Please tick)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="text-align: center;">OC</td><td style="text-align: center;">BC</td><td style="text-align: center;">BC</td><td style="text-align: center;">BC</td><td style="text-align: center;">BC</td><td style="text-align: center;">BC</td><td style="text-align: center;">SC</td><td style="text-align: center;">ST</td></tr><tr><td></td><td style="text-align: center;">A</td><td style="text-align: center;">B</td><td style="text-align: center;">C</td><td style="text-align: center;">D</td><td style="text-align: center;">E</td><td></td><td></td></tr></table>	OC	BC	BC	BC	BC	BC	SC	ST		A	B	C	D	E			<b>Note: If the ST Candidate Comes under Local Scheduled area please submit their Local Scheduled Area Certificate issued by the Concerned MRO's</b>
OC	BC	BC	BC	BC	BC	SC	ST												
	A	B	C	D	E														
6.	Whether Physically handicapped (Please tick)	Yes / No																	
6.(a)	If yes please mention category (please tick)	HH / OH / VH																	
7.	Whether Ex-Service man / Women	Yes / No																	

**DETAILS OF SCHOOL EDUCATION:**

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

STUDY CERTIFICATES FROM IV<sup>th</sup> TO X<sup>th</sup> SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON-LOCAL

**EDUCATIONAL QUALIFICATIONS:**

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERSITY

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION:**

Qualifying Examination	Total Marks	Marks Obtained (As per the questions mentioned in the notification)	% of Marks obtained

**EXPERIENCE in Govt.Sector:**

Sl. No	Name of the PHC	Experience		No of Years Completed
		From	To	
1.				
2.				
3.				

**ADDRESS PARTICULARS:**

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

**DECLARATION**

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

Name and Signature of  
the candidate



**Please submit your application**  
**below Order:**

**1. Check List**

**2. Application Form**

**3. 10<sup>th</sup> Class Marks List**

**4. Caste Certificate**

**5. PH Certificate (SADARAM Certificate)**

**6. Study Certificate (i.e., 4<sup>th</sup> to 10<sup>th</sup> class)**

**7. Education Qualification (i.e., Technical Education)**

**8. Registration Certificate**

**9. Experience Certificate (Govt. Service Only)**