

DISTRICT MEDICAL & HEALTH OFFICER: BHADRDRRI KOTHAGUDEM DISTRICT
APPLICATION FOR THE POST OF DATA ENTRY OPERATOR
ON OUT SOURCING FOR (01) YEAR

Pass port Size
Photo with Self
Attested

Application No _____, Date :

1.Name of the Applicant (in block letters)																				
2.Father's /Husband name:																				
3.Sex (Male / Female)		4.Date of Birth: <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		
5.Address: H.No Village/town District: PIN:		: : : : :																		
6.Mobile No: <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										7.Alternate Mobile No: <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
8.Religion:		9.Caste: 10. Sub Caste:																		
11.Agency Certificate No (Local Scheduled Tribe Certificate)		:																		
12.Whether belongs to physically handicapped (YES / NO) (latest certificate issued by the medical board to be enclosed)																				
13.Details of educational qualification :																				
S.No	Class/Inter	Year of Passing	Schools & place /college and University	District																
1	IV																			
2	V																			
3	VI																			
4	VII																			
5	VIII																			
6	IX																			
7	X																			
8	Intermediate																			

Type of Qualification	Please specify qualifying examination (BA/B.Com/B.SC (or) any equivalent course to Degree)	Month and year passing	Max marks	Marks Obtained	%of marks
Degree					

DECLARATION

I do here by declare that all the above facts are true and correct. I further declare that if anything found incorrect I shall be liable for prosecution as per law & will be terminated from service with immediate effect without any notice.

(Signature of the candidate)

OFFICE COPY**CHECK LIST**

Candidates are instructed to arrange the documents in the following order

1.	Filled in application form	Yes / No
2.	Attested copy of marks memo of SSC or equivalent certificate (for date of birth &marks)	Yes / No
3.	Attested copy intermediate marks memo/academic Qualifying examination marks memo	Yes / No
4.	Attested copy Degree marks memo/academic Qualifying examination marks memo	Yes / No
5.	Experience Certificate as Data Entry Operator Minimum (02) Years	Yes / No
6.	Attested copy of Scheduled Tribe certificate	Yes / No
7.	Attested copy of Local Scheduled Tribe(Agency) Certificate	Yes / No
8.	Attested copies of study certificates from class-IV to Class X where the candidate studied	Yes / No
9.	Attested copy of latest physically handicapped certificate (if applicable)	Yes / No

(Signature of the verifying officer)

(Signature of the Applicant)

APPLICANT COPY**CHECK LIST**

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(Signature of the verifying officer)

(Signature of the Applicant)