KASTURBA GANDHI BALIKA VIDYALAYA (KGBV) :: RAJANNA SIRICILLA
Application Form for the Post of ACCOUNTANT (Contract Basis)
Academic Year: 2025-26

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1. Post Applied For PHOTO PASTE HERE

- □ Accountant

2. Personal Details

Field	**Details**
Name of the Applicant (in BLOCK Letters)	_____
Father's / Husband's Name	_____
Date of Birth (DD/MM/YYYY)	_____
Age as on 23.10.2024	____ Years ____ Months ____ Days
Gender	□ Female
Marital Status	□ Married □ Unmarried □ Widow □ Divorced
Category	□ OC □ BC-A □ BC-B □ BC-C □ BC-D □ BC-E □ SC □ ST
Caste & Sub-Caste	_____
Residential Address	_____ _____
District	_____
State	_____
Mobile Number	_____
Email ID	_____
Aadhaar Number	_____

3. Native District

Sl. No	**Class**	**School Name & Village**	**Academic Year**	**Mandal**	**District**
1	I				
2	II				
3	III				
4	IV				
5	V				
6	VI				
7	VII				

4. Educational Qualifications

Sl.NO	Examination Passed	Board/University	Year of Passing	Total Marks/GPA	Obtained Marks/GPA	Percentage
1	SSC / 10th Class					
2	Intermediate / 12th Class					
3	Degree (B.Com / Equivalent)					
4	Post Graduation (if any)					
5	Other Qualifications (Tally/Accounting/Computer Skills)					

5. Documents Attached (Self-Attested)

Tick (✓) the documents attached:

Document	Attached
Study Certificates (1 to 7)	□ Yes □ No
SSC / DOB Certificate	□ Yes □ No
Degree / Qualification Certificates	□ Yes □ No
Caste Certificate	□ Yes □ No
Aadhaar Card	□ Yes □ No

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6. Declaration

I hereby declare that all the information furnished above is true, complete, and correct to the best of my knowledge and belief. I understand that any false information or suppression of facts may lead to rejection of my candidature or termination of service at any stage.

Place: _____
Date: _____ **Signature of the Applicant**

For Office Use Only (To be filled by Selection Committee)

Details	Remarks
Application Number	
Date of Receipt	
Verified by	
Eligible / Not Eligible	□ Eligible □ Not Eligible
Remarks	
Signature of Scrutiny Officer	

KASTURBA GANDHI BALIKA VIDYALAYA (KGBV)
Application Form for the Post of ANM (Auxiliary Nurse Midwife)
Academic Year: 2025-26

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1. Post Applied For PHOTO PASTE HERE

- □ ANM (Auxiliary Nurse Midwife)

2. Personal Details

Field	**Details**
Name of the Applicant (in BLOCK Letters)	_____
Father's / Husband's Name	_____
Date of Birth (DD/MM/YYYY)	_____
Age as on 23.10.2024	____ Years ____ Months ____ Days
Gender	□ Female
Marital Status	□ Married □ Unmarried □ Widow □ Divorced
Category	□ OC □ BC-A □ BC-B □ BC-C □ BC-D □ BC-E □ SC □ ST
Caste & Sub-Caste	_____
Residential Address	_____ _____
District	_____
State	_____
Mobile Number	_____
Email ID	_____
Aadhaar Number	_____

3. Native District

Sl. No	**Class**	**School Name & Village**	**Academic Year**	**Mandal**	**District**
1	I				
2	II				
3	III				
4	IV				
5	V				
6	VI				
7	VII				

4. Educational & Professional Qualifications

Sl.NO	Qualification	Board / University / Institution	Year of Passing	Total Marks/GPA	Obtained Marks/GPA	Percentage
1	SSC / 10th Class					
2	Intermediate / 12th					
3	ANM Training Course (2 Years)					
4	Registration No. (Nursing Council)					
5	Other Certificates (GNM/BSc Nursing)					

5. Documents Enclosed (Self-Attested Copies)

Document	Attached
SSC / Date of Birth Certificate	□ Yes □ No
Intermediate / Equivalent Certificate	□ Yes □ No
ANM Course Certificate & Marks Memo	□ Yes □ No
Nursing Council Registration Certificate	□ Yes □ No
Caste Certificate (if applicable)	□ Yes □ No
Aadhaar Card	□ Yes □ No

6. Declaration by the Applicant

I hereby declare that all the information provided above is true, correct, and complete to the best of my knowledge and belief. I understand that if any information is found false or misleading, my application may be rejected and my services terminated at any stage.

Place: _____
Date: _____ **Signature of the Applicant:**

For Office Use Only

Details	Remarks
Application Number	
Date of Receipt	
Verified by	
Eligible / Not Eligible	□ Eligible □ Not Eligible
Remarks	
Signature of Scrutiny Officer	