

**APPENDIX -A  
APPLICATION FOR RECRUITMENT TO THE POSTS OF BACKLOG VACANCIES RESERVED FOR PERSONS WITH  
BENCHMARK DISABILITIES IN YSR KADAPA DISTRICT FOR THE YEAR 2025-26**

**GROUP IV**



POST CODE:

**Application for the Post of -----Reserved for VH / HH / OH/ MD**

I) Name of the Candidate	:			
II) Sex	:	Male	Female	Transgender
III) Father's Name & Postal Address	:			
IV) Phone Numbers	Phone/Mobile:1.			
	Phone/Mobile:2.			
V) Email ID	:			
VI) Date of Birth	:			
VII) Age as on 01-07-2026	:	Years	Months	Days
VIII) Date of Employment Registration	:			
IX) Emp. SeniorityAs on 01-07-2026	:	Years	Months	Days
X) Category & Disability %	:	VH/HH/OH/MD %		
XI) Educational Qualification prescribed for the post	:			
		Maximum Marks	Marks Secured	% of Marks
Marks	:			
XII) Technical Qualification	:			
XIII) Addl. Educational Qualification if any	:			

I declare that I have not at any time been pronounced unfit for Government service by any medical authority and that the particulars given in this application are true to the best of my knowledge and belief.

Date:

Place:

Signature of the Applicant

**Compulsory Enclosures: Self Attested copies (Please tick in the Box):**

- |  |                          |  |
|--|--------------------------|--|
| 1 Copies of Educational Qualification prescribed for the Post          | <input type="checkbox"/> |  |
| 2 Copy of Medical Board Certificate                                    | <input type="checkbox"/> |  |
| 3 Copy of valid Employment Card  | <input type="checkbox"/> |  |
| 4 Copy of Age proof Certificate SSC/Any other indicating Date of Birth | <input type="checkbox"/> |  |
| 5 Local Status Certificate/Study Certificate 1st to 10 th Class        | <input type="checkbox"/> |  |

**ACKNOWLEDGMENT**

Received from \_\_\_\_\_

Category : VH / HH / OH / MD

Under Group IV, Post Code:

Applied Post:

**APPENDIX -B  
APPLICATION FOR RECRUITMENT TO THE POSTS OF BACKLOG VACANCIES RESERVED FOR PERSONS WITH  
BENCHMARK DISABILITIES IN YSR KADAPA DISTRICT FOR THE YEAR 2025-26**

**OTHER THAN GROUP IV**



POST CODE:

**Application for the Post of -----Reserved for VH / HH / OH/ MD**

I) Name of the Candidate	:			
II) Sex	:	Male	Female	Transgender
III) Father's Name & Postal Address	:			
IV) Phone Numbers	:	Phone/Mobile:1.		
		Phone/Mobile:2.		
V) Email ID	:			
VI) Date of Birth	:			
VII) Age as on 01-07-2026	:	Years	Months	Days
VIII) Date of Employment Registration	:			
IX) Emp. SeniorityAs on 01-07-2026	:	Years	Months	Days
X) Category & Disability %	:	VH/HH/OH/MD		%
XI) Educational Qualification prescribed for the post	:			

I declare that I have not at any time been pronounced unfit for Government service by any medical authority and that the particulars given in this application are true to the best of my knowledge and belief.

Date:

Place:

Signature of the Applicant

**Compulsory Enclosures: Self Attested copies (Please tick in the Box):**

- |  |                          |
|--|--------------------------|
| 1 Copies of Educational Qualification prescribed for the Post          | <input type="checkbox"/> |
| 2 Copy of Medical Board Certificate                                    | <input type="checkbox"/> |
| 3 Copy of valid Employment Card  | <input type="checkbox"/> |
| 4 Copy of Age proof Certificate SSC/Any other indicating Date of Birth | <input type="checkbox"/> |
| 5 Local Status Certificate/Study Certificate 1st to 10 th Class        | <input type="checkbox"/> |

**ACKNOWLEDGMENT**

Received from \_\_\_\_\_

Category : VH / HH / OH/ MD

Under Other than Group IV, Post Code:

Applied Post:

ASSISTANT DIRECTOR