

**ANDHRA PRADESH PUBLIC SERVICE COMMISSION:: VIJAYAWADA**  
**ASSISTANT MOTOR VEHICLE INSPECTORS IN A.P. TRANSPORT SUBORDINATE SERVICE**  
**NOTIFICATION NO.11/2018, Dt.05/12/2018 (GENERAL RECRUITMENT)**

**CHECK LIST**

**(To be filled by the candidate)**

DATE OF VERIFICATION: 27/11/2019

REGISTER No : \_\_\_\_\_

PHOTO OF THE  
CANDIDATE

|                      |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                              |                      |                                 |                                                          |                             |                                    |                                                                                                   |                      |                      |                      |                      |                      |                      |                      |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|----------------------------------------------------------|-----------------------------|------------------------------------|---------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----------|--|--|--|--|----------------------|----------------------|----------------------|---|---|---|---|---|
| 01.                  | Name of the Candidate<br>( as per SSC)                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                              |                      |                                 |                                                          |                             |                                    |                                                                                                   |                      |                      |                      |                      |                      |                      |                      |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |
| 02.                  | Father's Name                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                              |                      |                                 |                                                          |                             |                                    |                                                                                                   |                      |                      |                      |                      |                      |                      |                      |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |
| 03.                  | Mother's Name                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                              |                      |                                 |                                                          |                             |                                    |                                                                                                   |                      |                      |                      |                      |                      |                      |                      |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |
| 04.                  | Gender (✓ appropriate)                                                                                                                                  | Male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                                                                                                              |                      |                                 |                                                          | Female                      |                                    |                                                                                                   |                      |                      |                      |                      |                      |                      |                      |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |
| 05.                  | Date of Birth<br>( as per SSC)                                                                                                                          | D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             | D                                                                                                                                                            |                      | M                               |                                                          | M                           |                                    | Y                                                                                                 |                      | Y                    |                      | Y                    |                      | Y                    |                      |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |
|                      |                                                                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="text"/>        | <input type="text"/>                                                                                                                                         | <input type="text"/> | <input type="text"/>            | <input type="text"/>                                     | <input type="text"/>        | <input type="text"/>               | <input type="text"/>                                                                              | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |
| 06.                  | Age<br>(as on 01/07/2018)                                                                                                                               | Years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             | Months                                                                                                                                                       |                      | Days                            |                                                          |                             |                                    |                                                                                                   |                      |                      |                      |                      |                      |                      |                      |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |
|                      |                                                                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="text"/>        | <input type="text"/>                                                                                                                                         | <input type="text"/> | <input type="text"/>            | <input type="text"/>                                     |                             |                                    |                                                                                                   |                      |                      |                      |                      |                      |                      |                      |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |
| 07.                  | If age relaxation is claimed, specify.<br>1) Retrenched Census Employee<br>2) A.P. State Govt. Employee<br>3) N.C.C<br>4) BC,SC,ST<br>5) Ex-Service Men |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             | (No. of years claimed for relaxation)<br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto; text-align: center;">Years</div> |                      |                                 |                                                          |                             |                                    | Whether relevant Certificate Produced<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                      |                      |                      |                      |                      |                      |                      |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |
| 08.                  | Educational Qualification<br>(as per Notification & as on 05/12/2018)                                                                                   | Qualification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             | Branch                                                                                                                                                       |                      | Date of acquiring qualification |                                                          |                             | Mode of Study Regular/Distance     |                                                                                                   |                      |                      |                      |                      |                      |                      |                      |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |
|                      |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                                                                              |                      |                                 |                                                          |                             |                                    |                                                                                                   |                      |                      |                      |                      |                      |                      |                      |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |
| 09.                  | Technical Qualification                                                                                                                                 | Driving License in LMV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             | Date of first issue of LMV License                                                                                                                           |                      |                                 | Driving License in HTV                                   |                             | Date of first issue of HTV License |                                                                                                   |                      |                      |                      |                      |                      |                      |                      |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |
|                      |                                                                                                                                                         | YES <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NO <input type="checkbox"/> |                                                                                                                                                              |                      |                                 | YES <input type="checkbox"/>                             | NO <input type="checkbox"/> |                                    |                                                                                                   |                      |                      |                      |                      |                      |                      |                      |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |
| 10.                  | Community(integrated community Certificate Issued by Tahasildar for SC/ST/BC)                                                                           | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>OC</b></td> <td style="width: 10%; text-align: center;"><b>SC</b></td> <td style="width: 10%; text-align: center;"><b>ST</b></td> <td colspan="5" style="text-align: center;"><b>BC</b></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></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> </tr> </table> |                             |                                                                                                                                                              |                      |                                 |                                                          |                             |                                    |                                                                                                   |                      |                      |                      |                      | <b>OC</b>            | <b>SC</b>            | <b>ST</b>            | <b>BC</b> |  |  |  |  | <input type="text"/> | <input type="text"/> | <input type="text"/> | A | B | C | D | E |
| <b>OC</b>            | <b>SC</b>                                                                                                                                               | <b>ST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>BC</b>                   |                                                                                                                                                              |                      |                                 |                                                          |                             |                                    |                                                                                                   |                      |                      |                      |                      |                      |                      |                      |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |
| <input type="text"/> | <input type="text"/>                                                                                                                                    | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A                           | B                                                                                                                                                            | C                    | D                               | E                                                        |                             |                                    |                                                                                                   |                      |                      |                      |                      |                      |                      |                      |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |
| 11.                  | BC Candidates should Submit Non Creamy Layer certificate issued by Tahasildar as per G.O.Ms.No:3 of 2006 & G.O.Ms.No:26 of 2013.                        | Whether non-creamy layer certificate produced (If claiming reservation under B.C. category.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                                                                                                              |                      |                                 | YES <input type="checkbox"/> NO <input type="checkbox"/> |                             |                                    |                                                                                                   |                      |                      |                      |                      |                      |                      |                      |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |
| 12.                  | Local Zone which you Belong( for information)                                                                                                           | Zone: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                                                                                                                                              |                      |                                 |                                                          |                             |                                    |                                                                                                   |                      |                      |                      |                      |                      |                      |                      |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |
| 13.                  | Order of preference of Zones                                                                                                                            | 1 <sup>st</sup> preference                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             | 2 <sup>nd</sup> preference                                                                                                                                   |                      | 3 <sup>rd</sup> preference      |                                                          |                             | 4 <sup>th</sup> preference         |                                                                                                   |                      |                      |                      |                      |                      |                      |                      |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |
|                      |                                                                                                                                                         | <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             | <input type="text"/>                                                                                                                                         |                      | <input type="text"/>            |                                                          |                             | <input type="text"/>               |                                                                                                   |                      |                      |                      |                      |                      |                      |                      |           |  |  |  |  |                      |                      |                      |   |   |   |   |   |

|                                                                                                                                                                                      |                                                                                                                                                                                                                   |                |                                     |          |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------|----------|-------|
| 14.                                                                                                                                                                                  | Indicate the evidence (Original Study Certificate to be produced OR Residence certificate for 7 yrs. Prior to SSC if private study OR Local status certificates who migrated from Telangana State to A.P. State). | Class          | Year                                | District | State |
|                                                                                                                                                                                      |                                                                                                                                                                                                                   | IV             |                                     |          |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                   | V              |                                     |          |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                   | VI             |                                     |          |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                   | VII            |                                     |          |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                   | VIII           |                                     |          |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                   | IX             |                                     |          |       |
|                                                                                                                                                                                      |                                                                                                                                                                                                                   | X              |                                     |          |       |
| 15.                                                                                                                                                                                  | Details, if employed                                                                                                                                                                                              |                |                                     |          |       |
| NOTE:- If any lapse is detected during the scrutiny, the candidature will be rejected even Though he / she comes to the final stage of recruitment process or even at a later stage. |                                                                                                                                                                                                                   |                |                                     |          |       |
| 16.                                                                                                                                                                                  | 1. All the above columns are filled in by me, for consideration to final admission and Subsequent selection.                                                                                                      |                |                                     |          |       |
|                                                                                                                                                                                      | 2. The original certificates produced by me have been verified and returned to me.                                                                                                                                |                |                                     |          |       |
|                                                                                                                                                                                      | <u>Permanent Address:-</u>                                                                                                                                                                                        |                | <u>Address for Correspondence:-</u> |          |       |
|                                                                                                                                                                                      | .....                                                                                                                                                                                                             |                | .....                               |          |       |
|                                                                                                                                                                                      | .....                                                                                                                                                                                                             |                | .....                               |          |       |
|                                                                                                                                                                                      | .....                                                                                                                                                                                                             |                | .....                               |          |       |
|                                                                                                                                                                                      | .....                                                                                                                                                                                                             |                | .....                               |          |       |
| Mobile No.....                                                                                                                                                                       |                                                                                                                                                                                                                   | e-mail ID..... |                                     |          |       |

Place:

Date:

Signature of the candidate.

TO BE USED FOR ADMISSION (OFFICIAL USE)

The candidate may be admitted, on verification of Original Certificates, finally.

A.S.O

SECTION OFFICER

ASST. SECRETARY

DY.SECRETARY

TO BE USED FOR PROVISIONAL ADMISSION

The candidate may be admitted, on verification of Original Certificates provisionally, as he/she has to submit the following documents.

|                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------|--|
| A. S.S.C. (D.O.B)                                                                                               |  |
| B. Original Degree Certificate                                                                                  |  |
| C. Practical Experience Certificate                                                                             |  |
| D. Study /Residence Certificate for Zone/ Local status<br>Certificate who migrated from Telangana to A.P. State |  |
| E. Community Certificate                                                                                        |  |
| F. Non-Creamy Layer Certificate                                                                                 |  |

Signature of the candidate

**A.S.O.**                    **SECTION OFFICER**                    **ASST. SECRETARY**                    **DY.SECRETARY**

**TO BE USED FOR REJECTION**

**A.S.O.**                    **SECTION OFFICER**                    **ASST. SECRETARY**                    **DY.SECRETARY**

**SECRETARY**

**MEMBER**

**CHAIRMAN**