



**GOVERNMENT OF ANDHRA PRADESH
ANDHRA PRADESH MEDICAL SERVICES RECRUITMENT BOARD**

APPLICATION FORM FOR WALK-IN RECRUITMENT FOR THE POST OF CAS SPECIALIST

IN THE SPECIALTY OF _____

REGULAR / CONTRACT / BOTH

(Please tick (✓) with choice)

1. Name of the candidate :

2. Father's name :

3. Date of birth (as per SSC) :

4. Social status :

5. Details of school study :

Affix latest passport
size photo

CLASS	Name of the School	Town/Village	District	State
IV				
V				
VI				
VII				
VIII				
IX				
X				

6. Disability if any :

a. Type of disability : VH / HH / OH / MR / Multiple disorders

b. Percentage of disability :

7. Whether claiming EWS : Yes / No

8. Whether claiming Ex-service man : Yes / No

9. Permanent address :

10. Mobile nos.(Whats app no. mandatory) :

11. Email id :

12. Medical Educational Details :

Sl. No.	Qualification PG Degree /PG Diploma/ DNB	Name of the university and address	Marks		Percentage of marks
			Maximum	Obtained / Grade	
1					
2					
3					
4					

13. Month and Year of passing Qualifying exam :

14. Weightage for waiting period :

15. Whether registered with AP Medical Council : Yes or No

• Registration No. _____

16. Details of Contract Service :

Name of the Institution	Urban/Rural/Tribal/ COVIDservice	Appointed by	Contract period		Total period in months
			From	to	

17. Copies of the certificates enclosed.

a	SSC or its equivalent certificate as proof of date of birth	Yes / No
b	Local Status a. 4th to 10th class study certificates (or) b. Residence certificate in Appendix-I (or) c. Local candidature certificate as Go No 132 & 133, dt.13.06.2017	Yes / No
c	PG Degree /PG Diploma/ DNB Marks memos	Yes / No
d	PG Degree /PG Diploma/ DNB Degree Certificate	Yes / No
e	A.P. Medical council registration certificate	Yes / No
f	Copy of valid caste certificate. In case of non submission of valid caste certificate, the candidate will be considered as OC.	Yes / No
g	Certificate of disability issued in SADAREM if applicable	Yes / No
h	Service / experience certificate from the competent authority concerned	Yes / No
i	EWS certificate	Yes / No
j	If person belongs to Ex-service Man	Yes / No
k	In-service Candidate No Objection Certificate from Concerned DSH/DME/DPHFW	Yes / No
L	A copy of retirement order, in case of specialist doctors who were retired from Govt.Service and who did not complete 70 years of age as on the specified date.	Yes / No
m	A copy of pension of payment order, in case of specialist doctors who were retired from Govt.Service and who did not complete 70 years of age as on the specified date.	Yes / No

18. Whether already working in Medical & Health department ? Yes / No
If so furnish the following details,

- a. Place of working
- b. Mode of employment (Regular/contract/bidding)
- c. Date of joining
- d. Notification no. & Date

Undertaking

- a. I hereby declare that I will abide to the conditions, rules and regulations stipulated by the department regarding the post of Civil Assistant Surgeon Specialists.
- b. The information furnished above is true to the best of my knowledge.
- c. I am also aware that I am liable for any penal action that may be taken against me if the information furnished by me is found to be fake/false/fabricated at a later date.

Place:

Date:

SIGNATURE OF THE APPLICANT

APPENDIX-I

CERTIFICATE OF RESIDENCE

(Vide Sub-Clause (ii) of Clause (a) para 7 of the Presidential Order)

It is hereby certified.

(a) That Sri/Srimathi/Kumari

S/o W/o, D/o _____ appeared for the first time for the matriculation (S.SC) Examination in _____(month) _____ year;

(b) That he/she has not studied in any educational institution during the whole a part of the 4 consecutive academic years ending with the academic year in which he/she first appeared for the a foresaid examination;

(c) That in the 4 years immediately preceding the commencement of the aforesaid examination, he/she resided in the following place/places namely,

Village Period	Taluk	District
1.		
2.		
3.		
4.		

Station:
not

OFFICE SEAL

Officer of Revenue Department

below the rank of Tahsildhar or

Deputy Tahsildhar in

independent charge

of a Sub Taluk

Date: _____

*Strike off 'whole' ' a part' , as the case may be

**CERTIFICATE TO BE ISSUED BY THE CONTROLLING OFFICER CONCERNED DM&HO/
DCHS/ ANY OTHER APPOINTING AUTHORITY**

(Please refer G.O.RT.No.211, HM&FW(B2) Dept., Dt.08.05.2021)

This is to certify that Dr.....S/o,D/o
..... has been working / had worked as Medical officer in
PHC/CHC/AH/District Hospital on contract /outsourcing/honorarium basis, who was recruited
through District Selection Committee. The details of his/her services as on are as
follows:

Name of the Institution	Tribal/Rural/Urban/COVID duties	Working period		Duration	Reasons for break inservice if any	Appointed by DSC or any other appointing authority permitted by AP State Govt, specify	Charges/Allegations/Adverse remarks if any
		From	to				

1.Total contract/outsourcing/honorarium basis services eligible for weightage

I.)Tribal.....Months **II.)**Rural.....Months **III.)**Urban.....Months
IV.)Covid duties Months.

2. His /her services as Medical officer during the contract period are satisfactory.

3. He/ she does not have any adverse remarks from his/her superiors during the period of contract services as medical officer

4. He/She is eligible for contractual services Weightage as per the rules published in the notification and Government Orders.

Date:

Place:

SIGNATURE OF CONTROLLING OFFICER
(DM&HO/DCHS/ANY OTHER AUTHORITY
WHO APPOINTED THE APPLICANT)

Note-1:The maximum Weightage for Government service rendered in Tribal/Rural/Urban areas including COVID-19 duties is 15% only.

Note-2:The above COVID-19 Weightage shall be applicable only to the persons who have rendered their services for COVID-19 on Contract/Outsourcing/Honorarium basis and are appointed by the District Collector or any other competent authority based on orders issued by Government from time to time.