

A.P.VAIDYA VIDHANA PARISHAD.
OFFICE OF THE DISTRICT COORDINATOR OF HOSPITAL SERVICES,
KRISHNA, MACHILIPATNAM NOTIFICATION NO: 01/2021.

**APPLICATION FORM FOR THE RECRUITMENT OF PARA MEDICAL & CLASS IV
POSTS FOR A PERIOD OF ONE YEAR.**

APPLICATION FOR THE POST OF : _____.

1. Full Name in Block Letters : _____.

2. Fathers/Husband's Name : _____.

3. Date of Birth and Age : _____.

4. Social Status (caste), & Gender : _____.

5. Qualifications

(a) Academic :

(b) Technical :

6. A.P.P.M.C Registration number : _____.

9. Present Address : _____

10. Mobile No : _____.

The above information is correct.

Signature of the candidate

Check list:

1. Application form
2. SSC certificate.
3. Qualification marks lists.
4. Original Degree.
5. Apprenticeship completion certificate.
6. A.P Para Medical Board / registration certificate & Renewal copy
7. Study certificates from 4th to 10th.
8. Latest caste certificate issued by the Tahsildar.
9. If any other certificates like HH, VH, OH etc.
10. Experience certificate in Government Institutions
11. Proof of Ex-serviceman, if any.

The above certificates must be submitted and attested by the Gazetted officer.

(NOTE: The applied candidate is submit their application form must in above check list order).

GOVERNMENT OF ANDHRA PRADESH
A.P VAIDYA VIDHANA PARISHAD KRISHNA MACHILIPATNAM
(NOTIFICATION NO:: 01/2021, Dt: 21.11.2021)

Contract / Outsourcing Service Certificate
**(Certificate to be issued by the Controlling Officer concerned DCHS/DM&HO/
any other Appointing Authority)**

This is to certify that, S/o, D/o, W/o
..... has been working as in
PHC/CHC/AH/DH/GGH & Covid Care Centers or any other AP State / Central Govt.,
Institution at on Contract / Out-Sourcing basis
with the Financial concurrence of the Government of AP / Central Govt., The details of
his/her Contract / Out-Sourcing service as on 20.11.2021 are as follows:

Name of the institution	Working /worked Period		Reasons for break in service (if any)	Whether there is financial concurrence for appointment (Yes / No)	Charges /Allegations /Adverse Remarks if any
	FROM	TO			

I hereby declare that:

1. His /her services as on Contract /Out Sourcing basis during the above said period are satisfactory.
2. He /she does not have any adverse remarks from his superiors during the period of Contract / Out-sourcing service.
3. He /she is eligible for Contract / Out Sourcing Service Weight age as per the rules.

Station:

Date:

Signature & Seal of the Controlling Officer
(DCHS/DMHO/ any other competent District
Authority who appointed the applicant)

Imp. Note:

The attested copy of appointment order and service certificate must be enclosed by the Contract / Outsourcing & COVID (Go. No: 211) employee along with the application form for weight age calculation.