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GOVERNMENT OF ANDHRA PRADESH

HM&FW Department

**(Notification No:01/2025,Date:12-03-2025)**

Recruitment to the various posts to work on Contract basis/Out Sourcing basis in Govt.  
Health facilities under the control of Directorate of Secondary Health Hospitals  
(formerly APVVP),

**Application for the Post of:**

Application No.(to be filled by the office)

Affix  
Passport  
size  
Latest colour  
photograph

1	Name of the Candidate	
2	Gender	
3	Fathers Name	
4	Date of Birth (DD-MM-YYYY)	
5	Social Status (OC/OC-EWS/SC/ST/BC-A,B,C,D,E)	
6	Whether claiming for service weightage for Contract /Outsourcing service (enclose contract/outsourcing service certificate)	Yes/No
7	Whether Physically Handicapped(VH/HH/OH)(SADAREM Certificate to be enclosed)	
8	Whether claiming EWS reservation(copy of the certificate enclosed)	
9	Whether Ex-Servicemen (enclose Service Certificate)	Yes/No
10	Mobile number of the applicant	
11	DD particulars	DD.No.                      Date:                      Amount:
12	<u>Address for communication:</u>	

**Marks obtained in the requisite Academic/Professional/Technical qualification**

<b>Qualification</b>	<b>Maximum Marks</b>	<b>Marks Obtained</b>	<b>Year of passing (Month &amp; Year)</b>	<b>Whether registered in respective council(Yes/No)</b>

**Details of Contract/Outsourcing/Honorarium service as on 31.12.2024:**

<b>Sl. No</b>	<b>Name of the Institution</b>	<b>Contract / Outsourcing</b>	<b>Urban /Rural/ Tribal (or)Covid-19</b>	<b>Periodof service</b>		<b>Total period (YY-MM-DD)</b>	<b>Service certificate Issued by the Competent authority enclosed (yes/no)</b>
				<b>From</b>	<b>To</b>		

**Details of School studies from 4<sup>th</sup> Class to 10<sup>th</sup> Class (for local status):**

<b>Sl. No</b>	<b>Class</b>	<b>Year of passing</b>	<b>Name of the School</b>	<b>Town and District</b>
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			
6	IX			
7	X			

**::CHECKLIST::**

<b>Sl. No.</b>	<b>Enclosure</b>	<b>Status</b>
1	Marks memo of SSC(or)equivalent certificate	Yes/No
2	Latest caste certificate(in case of SC/ST/BC)	Yes/No
3	Latest EWS(Economically Weaker Sections) certificate issued by the competent authority in case of EWS categories	Yes/No
4	Latest physically handicapped certificate issued in sadarem.	Yes/No
5	Ex-service men/women in armed forces certificate(if applicable)	Yes/No
6	Sports claiming (if applicable)	Yes/No
7	Study certificates from Class-IV to X where the candidate studied.	Yes/No
8	Marks memos of all the years of qualifying examination	Yes/No
9	Provisional/Permanent certificate of qualification	Yes/No
10	Permanent registration certificate of A.P.Nurses & Midwives Council/A.P. Para Medical Board.	Yes/No
11	Service certificate issued by the concerned government departmental institution head (if applicable)	Yes/No
12	Latest pass port size photograph of the applicant was affixed with attestation	Yes/No
13	Demand draft drawn in favour of District Co-Ordinator of Hospital Services, Erstwhile East Godavari District was enclosed	Yes/No

**Signature of the applicant**

**DECLARATION**

I, Smt/Kum/Sri.....D/o or S/o or W/o..... do  
Hereby declare that, above particulars furnished by me are true to the best of my knowledge. I agree that in the event of any of the details furnished above being found to be incorrect or false at a later date, my candidature will be forfeited summarily.

Signature of the applicant