GOVERNMENTOFANDHRAPRADESH

HM&FW Department

Director of Secondary Health, Erstwhile Guntur District

F	<u>(Notification No:01/2</u> Recruitment to the various posts to work Govt. Healt	on contract basis	01.2025) s/Out Sourcing I	basis in
	olication for the Post of :			Affix Pass port 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 been closed)			
8	Whether claiming EWS reservation (copy of the certificate enclosed)			
9	Whether Ex-Servicemen (enclose Service Certificate)	Yes /No	0	
10	Mobile number of the applicant			
11	DD particulars	DD.No.	Date:	Amount:
12	Address for communication:			

Marks obtained in the requisite Academic / Professional / Technical qualification

Qualification	Maximum Marks	Marks obtained	Year of passing (Month & Year)	Whether registered in respective council (Yes/No)

Details of Contract/Outsourcing service as on. 01.2025:

			Urban				Service
		Contract /	/Rural /	Peri	od of	Total period	certificate
SI.	Name of the	Out-	Tribal(or)	service		(Years-	issued by the
No	Institution	sourcing	Covid-19	From	То	Months-	competent
INO						Days)	authority
							enclosed
							(yes/no)

<u>Details of School studies from 4thClass to 10thClass (for local status):</u>

SI. No	II Iacc	Year of passing	Name of the School	Town and District
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			
6	IX			
7	Х			

DECLARATION

I, Smt/Kum/Sri	D/o or S/o or W/o	do
hereby declare that, abov	ve 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 in	correct or false at
a later date, my candidatı	ure will be forfeited summarily.	

Signature of the applicant

APPENDIX-I

CERTIFICATE OF RESIDENCE

(Vide S certifie	• •	e (a) para7 of the Presidential	order) It is hereby
(a)	That Sri/Srimathi/Kum	nari	_
	/o,D/o_ ulation(S.SC) Examination	appeared for the on in (month)_year;	first time for the
	or a part of the 4 consec	studied in any educational ins cutive academic years ending eared for the aforesaid examin	with the academic
		years immediately precedaid examination, he/she resid	_
Village	Taluk	District	Period
1.			
2.			
3.			
4.			
5.			
6.			
7.			
Station: Date:	OFFICE SEAL	Officer of Revenue De Below the rank of Tah Deputy Tahsildhar in i Charge Of a Sub	nsildhar or Independent

Date:

^{*}Strike off 'whole' 'a part', as the case may be.

::CHECKLIST::

SI. No.	Enclosure	Enclosed
1	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-servicemen/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 regularly. As per para no.8 (f) of notification	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 department all institution head (if applicable)	Yes/No
12	Latest passport size photograph of the applicant with attestation	Yes/No
13	Application fee should be paid by way of UPI transfer/RTGS/NEFT to the A/c. No. with IFSC code and enclose transaction receipt along with application.	Yes/No

Signature of the applicant