

GOVERNMENT OF ANDHRA PRADESH HM & FW Department (Notification No:01/2025, Date: 07.03.2025) Recruitment to the various posts to work on contract basis/Out Sourcing basis in Director of Secondary Health, Hospitals in erstwhile Krishna District.	
Application for the Post of : <input style="width: 250px; height: 20px;" type="text"/>	Affix Pass port size latest colour photograph
Application No.(to be filled by the office): <input style="width: 80px; height: 20px;" type="text"/>	

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 weight age 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
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

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

Details of Contract/Outsourcing/Honorarium service as on. 28.02.2025

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

Details of School studies from 4thClass to 10thClass (for local status):

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

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

GOVERNMENT OF ANDHRA PRADESH
Contract/Outsourcing/Honorarium Service Certificate
(Certificate to be issued by the Controlling Officer
concerned(DCHS/DM&HO/Principals of GMC/
Superintendents of GGH/ or any Other Appointing
Authority)

This is to certify that,
S/o,D/o has been working / worked
as in PHC / CHC / AH / DH / GGH / or any other AP
State Institution at on Contract /
Out-Sourcing/ Honorarium basis with concurrence of finance department,
Government of AP. Details of his / her Contract / Out-Sourcing service as on
the date of notification are as follows:

Name of the institution	Urban/ Rural/Tribal (or) Covid-19	Period		Duration	Reasons for break in service (if any)	Charges /allegation s /adverse remarks if any
		From	To			

I hereby declare that:

1. His/her services as On Contract/Out-sourcing honorary 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/Honorarium service.
3. He/she is eligible for Contract / Outsourcing Service Weight age as per the rules published in the notification.

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

Imp. Note: The self-attested copy of appointment order must be enclosed along with this service certificate, otherwise weight age for Contract/ Outsourcing/honorary service will not be considered for final merit.

APPENDIX

CERTIFICATE OF RESIDENCE

(Vide Sub-Clause (ii) of Clause (a) para7 of the Presidential order) It is hereby certified,

(a) That Sri/Smt/Kum_____ 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 or a part of the 4 consecutive academic years ending with the academic year in which he/she first appeared for the aforesaid 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	Taluk	District	Period
1.				
2.				
3.				
4.				
5.				
6.				
7.				

OFFICE SEAL
Station: Officer of Revenue Department not
Date: Below the rank of Tahsildar or
Deputy Tahsildar in independent
Charge Of a Sub Taluk

Date:

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

CHECK LIST - ACKNOWLEDGEMENT

(The Check list should be submitted in 02 (TWO) Copies one copy will be returned to the applicant as a Acknowledgement)

Name of the Candidate	
Application No (will be allotted at the time of submission of Application)	
Post Applied for	
Demand Draft Number	
Mobile Number	

The Candidate should enclose self attested documents/Certificates in the following order:

SI No	Name of the Document	Enclosed (YES/NO)
1.	Filled prescribed application form	
2.	S.S.C or its Equivalent for date of birth	
3.	Proof of appearance for the qualifying examination wherever applicable	
4.	Qualifying Examination Pass Certificates	
5.	Marks memos of all years of (qualifying examination) or its equivalents	
6	Valid Certificate of Registration in AP Paramedical Board/Allied Health Care Sciences/Any other council constituted under the relevant rules for specific courses wherever applicable	
7.	Clinical training Certificate if applicable.	
8.	Copy of valid caste certificate	
9.	Latest EWS certificate issued by the Tahsildar concerned	
10.	Study certificate for the years from IV class to X Class. In case of Private study candidates, the residence certificate issued by the Tahsildar concerned for 04 to 07 years prior to SSC and its equivalent.	
10.	The service certificate should be submitted in the prescribed proforma.	
11.	Certificate of disability issued in SADAREM	
12.	Any other certificates as relevant and applicable	

Signature of the candidate.

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Acknowledgement
(for Office use only)

Application is received from the applicant along with the above mentioned documents/enclosures on _____.03.2025.

**Signature of the employee
who received the
Application.**