

**GOVERNMENT OF ANDHRA PRADESH**  
**Directorate of Secondary Health (A.P.V.V.P)**  
**(Notification No.01/DCHS/KNL/2025, dt:12.03.2025)**

(Director of Secondary Health (A.P.V.V.P)-DCHS Kurnool (Erstwhile) on Contract / Outsourcing basis)

Application for the Post of : _____  Application No. (to be filled by the office) : _____	Affix Passport size latest colour photograph
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1	Name of the Candidate	
2	Gender	
3	Father's 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/out sourcing service certificate)	Yes/No
7	Whether Physically Handicapped (VH/HH/OH) (SADAREM Certificate to be closed)	
8	Whether Ex-Servicemen (enclose Service Certificate)	Yes/No
9	Mobile Number of the applicant	
10	Bank Receipt No. & Date & Bank & Branch Name, etc.,	
11	<u>Address for communication:</u>	
12	<u>Emai Id:</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/Honorariumserviceason.31.12.2024.

Sl. No	Name of the Institution	Contract / Outsourcing	Urban/ Rural / Tribal/ Covid-19	Period of service		Total period YY-MM-DD	Service certificate enclosed (Yes/No)
				From	To		

DetailsofSchoolstudiesfrom4<sup>th</sup> Class to10<sup>th</sup>Class(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**  
**(DM&HO/DCHS/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 (name of the post) 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 as on 31.12.2024

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

I here by 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 Weightage as per the rules published in the notification.

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

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

CHECKLIST-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 by the Office at the time of submission of Application)	
Post Applied for	
Bank Receipt No.	
Mobile Number	

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

Sl 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 Thasildhar concerned	
10	Study certificate for the years from IVclass to X Class. In case of Private study candidates, the residence certificate issued by theTahsildarconcernedfor04to07years priortoSSCanditsequivalent.	
11	The service certificate should be submitted in the prescribed proforma.	
12	Certificate of disability issued in SADAREM	
13	Any other certificates as relevant and applicable	

Signature of the candidate

Acknowledgement(for Office use only)

Application is received from the applicant along with the above mentioned documents / enclosures on \_\_\_\_\_.

Office Seal &Signature of the  
employee who received the Application

## **ANNEXURE - I**

1. I hereby declare that I will abide by the conditions, rules and regulations stipulated by the department regarding the post of GDA/MNO/FNO, Lab Technician, Theatre Asst., and Postmortem Assistant.

2. The information furnished above is true to the best of my knowledge.

3. I am also aware that I am liable for any action that may be taken against me if the information furnished by me is found to be fake/false/fabricated at a later date, including criminal action as per rules in vogue. Also the appointment obtained through such false claim will be terminated without any notice.

Signature of the Candidate