

GOVERNMENT OF ANDHRA PRADESH Secondary Health Department:: Srikakulam. <u>(Notification No:01 /2025, Date: 07.03.2025)</u> Recruitment to the various posts to work on contract basis/Out Sourcing basis in DSH Hospitals in SRIKAKULAM DISTRICT	
Application for the Post of : Application No. (to be filled by the office) <div style="border: 1px solid black; width: 250px; height: 30px; margin-left: 100px;"></div>	Affix Passport size latest colour photograph

1	Name of the Candidate	
2	Gender	
3	Father 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 Ex- Servicemen (enclose Service Certificate)	Yes / No
9	Mobile number of the applicant	
10	DD particulars	DD.No. Date: Amount:
10	<u>Address for communication:</u> 	

:: 02 ::

Marks obtained in the requisite Academic/Technical qualification

Name of the academic /technical education	Total Marks	Secured marks	Year of passing (Month & Year)	Whether registered in respective council (Yes / No)

Contract / Outsourcing working details if any as on .08.2023:

Sl. No	Name of the Institution	Contract / Outsourcing	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 4th Class to 10th Class (for local status): —

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

DECLARATION

I, Smt/Kum/SriD/o, S/o do hereby declare that, above particulars furnished by me are true to the best of my knowledge and also hereby 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 & mobile number of the applicant

Note: Applications received without proper enclosures will summarily be rejected.

APPENDIX-I

CERTIFICATE OF RESIDENCE

(Vide Sub-Clause (ii) of Clause (a) para 7 of the Presidential Order)

It is hereby certified.

(a) That Sri/Srimathi/Kumari _____

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 a part of the 4 consecutive academic years ending with the academic year in which he/she firstappeared for the a foresaid examination;

(c) That in the 4 years immediately preceding the commencement of the aforesaidexamination, he/she resided in the following place/places namely,

Village	Taluk	District	Period
1.			
2.			
3.			
4.			

Station:

OFFICE SEAL

Officer of Revenue Department not

Date:

below the rank of Tahsildhar or

Deputy Tahsildhar in independent charge
of a Sub Taluk

Date: _____

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

GOVERNMENT OF ANDHRA PRADESH
A.P VAIDYA VIDHANA PARISHAD :: Srikakulam DISTRICT
(NOTIFICATION NO::01/2023, Dated:03.11.2023)
Contract / Outsourcing Service Certificate
(Certificate to be issued by the Controlling Officer concerned DM&HO/DCHS/any other Appointing Authority)

This _____ is to certify that, _____ S/o, D/o
 _____ has been working as _____ (name of the
 post) in PHC/CHC/AH/DH/GGH/or any other AP State Institution at
 _____ on **Contract / Out-Sourcing basis** with the Financial concurrence of
 the Government of AP /the details of his/her **Contract / Out-Sourcing service** as on **.02.2022** are
 as follows:

Name of the institution	Urban/ Rural/ Tribal (or) Covid- 19	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-sourcingbasis during the above said period are satisfactory.
3. He /she does not have any adverse remarks from his superiors during the period of Contract / Out-sourcing service as Staff Nurse.
4. He /she is eligible for Contract / Out-sourcing Service Weightage as per the rules published in the notification.

Station:

Date:

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

Imp.Note: The attested copy of appointment order must be enclosed along with this service certificate, other wise the weightage for Contract / Outsourcing service will not be considered for final merit.

