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:

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 duringthe period of Contract/Out-sourcing/Honorarium service.

3. He/she is eligible for Contract / Outsourcing Service Weightage as perthe 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 en-closed along with this service certificate, otherwise weightage for Contract/Outsourcing/honorary service will not be considered for final merit

GOVERNMENTOFANDHRAPRADESH

HM&FW Department(Director of Secondary Health)

(Notification No: 01/2026, Dated: 17.08.2026)

Recruitment to the various posts to work on contract basis/Out Sourcing basis in Govt. Health facilities

Application for the Post of : Application No.(to be filled by the office)	Affix Pass port size latest color 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-I,II,III/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/Autism) (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	Whether Sports if any(enclose Certificates)	Yes /No
11	Mobile number of the applicant	
12	DD particulars	DD.No. Date: Amount:

13	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/Honorarium service as on. 17.08.2026 .:

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 4th Class to 10th 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

:: CHECK LIST ::

Sl. No.	Enclosure	Status
1	Marks memo of SSC (or) equivalent certificate	Yes/No
2	Latest caste certificate (in case of SC with Sub Group - I,II,II/ ST/BC)	Yes/No
3	Latest EWS (Economically Weaker Sections) certificate issued by the competent authority in case of EWS categories for the valid financial year.	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- 4^{th} to 10^{th} 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. Para Medical Board/Applicable Board.	Yes/No
11	Service certificate issued by the concerned government departmental institution head (if applicable)	Yes/No
12	Latest passport size photograph of the applicant was affixed with attestation	Yes/No
13	Demand draft drawn in favor of District Co-Ordinator of Hospital Services, Annamayya was enclosed	Yes/No

Signature of the applicant

APPENDIX-I

CERTIFICATE OF RESIDENCE

(Vide Sub-Clause (ii) of Clause (a) para7 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 Seventh Class (7th) 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.				

Station:
Date:

Officer of Revenue Department not Below the rank of Tahsildhar or Deputy Tahsildhar in independent Charge Of a Sub Taluk

OFFICE SEAL

Date:

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