

GOVERNMENT OF ANDHRA PRADESH
HM&FW DEPARTMENT (Director of Secondary Health)
(Notification No: 01/2026, Dated: 22 .06.2026)
Recruitment to the various posts to work on contract
basis/Out Sourcing basis in Govt. Health facilities

<p>Application for the Post of:</p> <p>Application No. (to be filled by the office)</p>	<p>Affix</p> <p>Passport size</p> <p>latest colour</p> <p>photograph</p>
--	--

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/Autism) (SADAREM Certificate to be 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

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-IV to X 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 favour of District Co-Ordinator of Hospital Services, Bapatla was enclosed	Yes/No

Signature of Receiver

Signature of Applicant

APPENDIX-1

CERTIFICATE OF RESIDENCE

Vide Sub-Clause (ii) of Clause (a) para 7 of the Presidential order) It is hereby certified

That Sri/Srimathi/Kumari.....S/o. W/o, D/o..... appeared for the first time for the matriculation (S.SC) Examination in (month).....year;

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;

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: OFFICE SEAL
Date:

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

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