

GOVERNMENT OF ANDHRA PRADESH

(Notification No.04/UPHC/ATP/2020)

APPLICATION FOR THE POST OF MEDICAL OFFICER(MBBS)

(TO WORK ON CONTRACT BASIS IN URBAN PRIMARY HEALTH CENTRES OF ANANTHAPURAMU DISTRICT)

Affix
Latest colour
passport size
photo with self
attestation

1. NAME OF THE APPLICANT :
(as per SSC)

2. FATHER's NAME :

3. DATE OF BIRTH :
(As per SSC Marks List)

Date	Month	Year

4. AGE AS ON 01.12.2020 :

Years	Months	Days

5. SOCIAL STATUS :
(Attested copy of latest Caste Certificate issued by the Tahsildar concerned)

SC	ST	BC (with Sub Group)	Others

6. Whether belongs to Physically Handicapped : Yes / No
(If Yes, the latest Certificate issued by the Medical Board to be enclosed)

7. Whether belongs to Ex-Service men : Yes / No
(If yes, necessary certificate should be enclosed)

8. DETAILS OF SCHOOL EDUCATION :

Class	Year of Passing	Name of the School & Place	District
IV			
V			
VI			
VII			
VIII			
IX			
X			

Residential Address :

Mobile No. :

E-mail ID :

9. QUALIFICATIONS :-

(Attested copies of relevant certificates of qualifying examination, along with Marks Lists to be enclosed)

(i) ESSENTIAL QUALIFICATION :

Name of the Course	Date of passing of the Course	Maximum Marks in the Course	Marks obtained in the Course
MBBS			

(In case of Studied in Abroad please mention marks as prescribed in the Prospects and Please mention the Maximum and obtained marks excluding Languages)

(ii) EXPERIENCE :

Place where worked / working.	Urban / Rural / Tribal	Period of work		Total period of experience	
		From	To	Years	Months

Registration Number of APMC	
-----------------------------	--

DECLARATION

I, _____, S/o / D/o _____
solemnly declare that the particulars given above are correct to the best of my knowledge and belief. I also agree that in the event of any of the particulars furnished in my application being found to be incorrect or false at a later date, my appointment will be cancelled summarily.

SIGNATURE OF THE APPLICANT

DOCUMENTS TO BE ENCLOSED

Sl No	Description of the Document	Enclosed YES/NO
1	Copy of SSC marks memo or equivalent certificate.	
2.	Copy of MBBS Degree Provisional certificate.	
3.	Copy of MBBS marks memos (Cumulative Marks Memo)	
4.	Copy of Internship completion certificate.	
5.	Copy of APMC Registration Certificate.	
6.	Copy of latest Caste Certificate (in case of SC/ST/BC)	
7.	Copies of Study Certificates from Class - IV to X.	
8.	Copy of latest Physically Handicapped Certificate (if applicable).	
9.	Copy of certificate supporting Ex Service Man Quota (If Applicable).	
10.	Copy of Contract / Outsourcing Service Certificate in the Prescribed Proforma (if applicable).	
11.	DD/Bank Counter Foil (for Fee)	

Signature of the Applicant

CERTIFICATE OF CONTRACT / OUTSOURCING SERVICE

(Certificate to be issued by the competent authorities concerned.)

This is to certify that,D/o.
..... has been working as
at..... (or) Institutions mentioned in the
notification as the said individual applied for the post of to work as
a Medial Officer (MBBS) in the Urban Primary Health Centers in the District under the
control of DM&HO, Ananthapuramu in NHM Scheme.

Name of the institution	Rural / Urban	Working /worked Period		Length of Service as on date of Notification	Break of service if any	Reasons for break in service (if any)
		From	To			
TOTAL LENGTH OF SERVICE						

I hereby declare that:

1. The services as Contract / Outsourcing working on contract basis during the above said period are satisfactory.
2. He / She does not have any adverse remarks from his superiors during the period of Contractual / Outsourcing service.
3. He / She is eligible for Contractual / Outsourcing Service Weight age as per the rules published in the notification.

Station:

Date:

Signature & Seal of the Controlling Officer