

# GOVERNMENT OF ANDHRA PRADESH

O/O DISTRICT MEDICAL AND HEALTH OFFICER, ANANTHAPURAMU

(Notification No. 03 / 2020)

Recruitment on contract basis to work under National Health Mission

Affix  
Latest Colour photo  
passport size

APPLICATION FOR THE POST OF : .....

Application No. (To be filled by the office) :

1	Name of the Candidate	
2	Gender	
3	Father Name	
4	Mother Name	
5	Date of Birth ( DD-MM-YYYY)	
6	Social status (OC/SC/ST/ BC-A,B,C,D,E)	
7	Whether claiming for Service Weight age	Yes / No
8	Whether Physically handicapped (VH /HH /OH) (SADARAM Certificate to be enclosed)	
9	Sports certificates enclosed (Yes /No)	
10	Whether Ex-Service man/ Woman (Yes/ No)	
11	Local / Non-Local	
12	Aadhar No.	
13	Mobile No.	
14	<b>Address for communication :</b>	
15	Demand Draft for Rs. 200/- in favour of <b>District Medical and Health Officer, Ananthapuramu</b> . for OC, BC candidates only. DD.No. / Date / Name of the bank :	

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**DETAILS OF SCHOOL EDUCATION:**

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

**MARKS OBTAINED IN THE REQUISITE QUALIFICATION**

Qualification	Name of the Course studied	Total Marks (Excluding Languages)	Secured marks (Excluding Languages)	Percentage
SSC				
Intermediate				
Degree / Diploma				
PG qualification				

AP Medical / Paramedical / Nursing / Pharmacy Council Registration No.	No. : Date : Valid up to :
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**CONTRACT / OUT SOURCING WORKING PERIOD DETAILS IF ANY as on 01.07.2020.**

Sl. No.	Name of the institution	Contract / Outsourcing	Period of service		Total period (YY-MM-DD)	Service Certificate issued by the competent authority enclosed Yes /No.
			From	To		

## DECLARATION

I,

Smt./Kum./Sri.....D/o,S/o.....

certify that above particulars furnished by me are correct to the best of my knowledge. 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 candidature will be cancelled summarily.

Signature of the candidate

## CHECK LIST

Candidates are instructed to submit the documents in the following order:

1.	Filled prescribed application form	Yes / No
2.	S.S.C or Equivalent examination Marks Memo.	Yes / No
3.	Intermediate or 10+2 examination Marks Memo.	Yes / No
4.	Qualifying Examination Pass Certificate.	Yes / No
5.	Marks memos of all the years (qualifying examination)	Yes / No
6	Registration certificates from the respective councils (AP Medical/ Paramedical / Nursing / Pharmacy )	Yes / No
7.	Internship / Apprentiship / Clinical training Certificate if applicable.	Yes / No
8.	Latest Caste certificate issued by the Tahsildar concerned	Yes / No
9.	Study certificate for the years from 4 <sup>th</sup> class to 10 <sup>th</sup> Class. In case of Private study candidates, the residence certificate issued by the Tahsildar concerned for 04 to 07 years prior to SSC and its equivalent.	Yes / No
10.	PH certificate ( <b>SADAREM CERTIFICATE</b> ) in respect of candidates Claiming reservation under PH Quota	Yes / No
11.	Sports certificate in respect of candidates who claiming under Sports quota.	Yes / No
12	Relevant Certificates in respect of candidates who claiming Ex Service man Quota	Yes / No
13.	The service weightage will be allowed to the candidates those who are presently working in the respective cadre on contract / outsourcing basis in the Govt. institutions under the control of the DPHFW,DME,APVVP . The service certificate should be submitted in the prescribed proforma.	Yes / No
14.	Demand Draft for Rs. 200/- enclosed	Yes / No

**NOTE :** (1) Application without the requisite certificates will summarily rejected  
(2) All the Xerox documents should be signed by the candidate only.

Signature of the candidate

# **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) any other AP Govt., Institutions mentioned in the notification as the said individual applied for the post of ..... to work under the control of DM&HO, Ananthapuramu in NHM Scheme. And the details of service **as on 01.10.2020** is as follows :

Name of the institution	Rural / Urban	Working /worked Period		Length of Service as on date of Notification yy-mm-dd	Break of service if any	Reasons for break in service (if any)
		From	To			

**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.

Signature of the DDO,  
(With seal and date)

Signature of the appointing authority  
(With seal and date)