Application No.:

GOVERNMENT OF ANDHRA PRADESH

O/O DISTRICT MEDICAL AND HEALTH OFFICER, ANANTHAPURAMU (Notification No.10/DM&HO/ATP/2020-21 Dt. 20.09.2021) Recruitment on contract basis to work under National Health Mission Affix Latest Colour photo passport size

APPLICATION FOR THE POST OF :

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 (certificate issued by the competent authority should be enclosed)	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 <u>(only Local candidates are eligible)</u>					
12	Aadhar No.					
13	Mobile No.					
14	Address for communication :					
15	 The applicants must pay fee by online to the Account No: 10437900794 of the District / and Health Officer, Ananthapuramu lying at SBI, Gandhi Bazar, Ananthapuramu (IFSC SBIN 0001925), as noted below, and to enclose the Payment Receipt / Counterfoil along w online application:- OC / General candidates Rs.300/- (Rupees three hundred only) 					
	ST/SC/ BC Candidates R	s.200/- (Rupees two hundred only)				

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DETAILS OF SCHOOL EDUCATION:

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

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 / Date : Pharmacy Council Registration No. Valid up to :
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CONTRACT / OUT SOURCING WORKING PERIOD DETAILS IF ANY as on 31.08.2021

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

DECALATION

I,Smt./Kum./Sri_____D/o,S/o_____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.				
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)				
7.	Internship / Apprentiship / Clinical training Certificate if applicable.				
8.	Latest Caste certificate issued by the Tahsildar concerned				
9.	Study certificate for the years from 4 th class to 10 th 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.				
10.	PH certificate (SADAREM CERTIFICATE) in respect of candidates Claiming reservation under PH Quota				
11.	Sports certificate in respect of candidates who claiming under Sports quota.				
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 / Covid-19 duties 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.	DD/ Online payment receipt for Rs. 200/- enclosed	Yes / No			

<u>NOTE</u>: (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
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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 <u>as on 31.08.2021</u> is as follows :

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

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)