APPLICATION FORM

Attested Pass port size Photo

APPLICATION FOR THE POST OF ON CONTRACT BASIS UNDER NATIONAL HEALTH MISSION Reg. No. Application No.

(To be given k	oy O/o	DM&H	O, Chittoor, C	Chittoo	· Dist	rict)								
1 /	me of the app BLOCK lette														
2) Aa	dhar No of th														
3) Father's Name / Husband's Name															
4) Re	esidential Add	dress :													
				. (Mandatory)											
*	All commu	nicati	ons will	be through											
	le only														
3) Se	x: (Male / Fe	male)			4) Dat										
5) Re	ligion :				6) Soc				D C	D)	/ O C)				
7) Re	laxation of ag	re if a	nv: (Ye	es/No)	(SC/S	I/BC	- (W	ith A	.,В,С	<u>,</u> D) <i>i</i>	/OC)			
	hether belong		<u> </u>								(T.)		T \		
1 1	_	_		SADARAM o	only valid)					(Y	Yes/No)				
9) If 1	belongs to Ex	-Servi	ice men, l	ength of servic	ce in armed force						(V	Yes/No)			
(Only Candidate must be Ex-service men/won					nen)						`	,			
Study and conduct certificate						from	Clas	s-IV	to X	(th	Class	S			
S1.	Class		ear of	School &	& Place / College & University							District			
No.		pa	ssing	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~								District			
1	4 th Class														
2	5 th Class														
3	6 th Class 7 th Class														
5	8 th Class														
$\frac{3}{6}$	9 th Class														
7	10 th Class														
	ucational Qua	lifica	tion :												
, l						1 /4	~ 1	/D							1
Month & year of Max. marks/										entage of Marks Grade/Points /					
passing			Gr	ade/Points	obtained					+-	G	rade/	Poir	its /	
Nam	ne of the coun	cil /													
	oard in which registered		Regi	istration No:	Year of Registration				F	Renewal registration Valid from					

Experience details if any required to be submitted for few posts shall be furnished hereunder and the copy of experience certificate shall be enclosed to the application

Name of the post to which the candidate applied in which experience is mandatory	
Name of the institution where the candidate gained experience	
Period of working (indicate DD/MM/YYYY)	From To
No. of completed years	
Whether, the institution where the candidate has worked is Government /Private	Government /Private
If the candidate worked in government name of the department and scheme in which worked	

DECLARATION

1,	
W/O	, resident of House No:,
Address	
	, do hereby declare
that, all the particulars furnished in my a	application are true and correct. I have read the entire
notification and abide to the guidelines	I, further declare that, if the above particulars are

notification and abide to the guidelines. I, further declare that, if the above particulars are found incorrect, I shall be liable for termination from service with immediate effect without any notice.

Signature of the applicant

:: CHECK LIST ::

Sl. No.	Enclosures	Status
1	Filled-in application form with latest Passport size photo affixed.	Yes/No
2	Attested copy of marks memo of SSC (or) equivalent certificate	Yes/No
3	Attested copies of marks memos of all the years of qualifying examination	Yes/No
4	Attested copies of Provisional / Permanent certificate of qualification	Yes/No
5	Attested copy of permanent registration certificate of the respected council / Board	Yes/No
6	Attested copy of latest caste certificate (in case of SC/ST/BC)	Yes/No
7	Attested copies of study certificates from Class–IV to X where the candidate studied	Yes/No
8	Attested copy of latest physically handicapped certificate / Ex- Servicemen(if applicable)	Yes/No
9	Attested copy of experience certificate of the candidate (if applicable)	Yes/No
10	Attested copy of Aadhar certificate of the candidate (mandatory)	Yes/No
11	Demand Draft / Banker's cheque for R.500/- drawn from any nationalized bank in favour of DM&HO, Chittoor	Yes/No

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 certi	fy that,
	has been working / worked as (name of
the post)in PHC / C	HC / AH / DH / GGH / or any other AP State Institution
at	on Contract / Out-Sourcing / Honorarium basis /
	ence of finance department, Government of AP. Details of his / urcing service as on the date of notification are as follows:

S.	Name of the	Urban /	Per	iod	Duration	Reasons	Charges /	
No	Institution	Rural /	From	То		for break in	Allegations /	
		Tribal /				Services (if	Adverse	
		Covid-19				any)	remarks (if any)	

1. His	/her	services	as										on
Contra	ct / Ou	it-sourcing	hone	orary	basis	during	the	above	said	period	are	satisfacto	ry.

- **2.** He/she does not have any adverse remarks from his superiors during the period of Contract/Out-sourcing/Honorarium service / Covid-19.
- **3.** He/she is eligible for Contract / Outsourcing Service Weightage as per the rules published in the notification.

Signature & Seal of the Controlling Officer (DMHO/DCHS/any other competent District Authority who appointed the applicant)

<u>Imp. Note:</u> The self attested copy of appointment order must be en-closed along with this service certificate, otherwise weightage for Contract/ Outsourcing/honorary service / Covid-19 will not be considered for final merit.