

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 certify that, S/o,D/o has been working / worked as (name of the post) in PHC / CHC / AH / DH / GGH / or any other AP State Institution at on Contract / Out-Sourcing / Honorarium basis with concurrence of finance department, Government of AP. Details of his / her Contract / Out-Sourcing service as on the date of notification are as follows:

Note: As per the Government circular memo No.3740784/B2/2020, HM&FW(B2), Dept Dated:14.02.2022 the unit officers concerned while issuing the service certificate should mention the cadre/post in which the individual was appointed and served. Experience in any other post applied shall summarily be rejected.

Name of the institution	Urban/ Rural/Tribal (or) Covid-19	Period		Duration	Reasons for break in service (if any)	Charges /allegations /adverse remarks if any
		From	To			

I hereby declare that:

1. His /her services as on Contract/Out-sourcing honorary basis during the above said period are satisfactory.
2. He/she does not have any adverse remarks from his superiors during the period of Contract/Out-sourcing/Honorarium service.
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)

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

GOVERNMENT OF ANDHRA PRADESH

HM&FW Department

(Notification No:01/2025, Date: 09.01.2025)

Recruitment to the posts of Female Nursing Orderly(FNO) and Sanitary Attender cum Watchman (SAW) to fill up the posts on Outsourcing basis under the administrative control of District Medical & Health Officer, Ongole, Prakasam District.

Application for the Post of : Application No.(to be filled by the office)	Affix Pass port size latest colour photograph
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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) (SADAREM Certificate to been closed)	
8	Whether claiming EWS reservation (copy of the certificate enclosed)	
9	Whether Ex-Servicemen (enclose Service Certificate)	Yes /No
10	Mobile number of the applicant	
11	DD particulars	DD.No. Date: Amount:
12	<u>Address for communication:</u>	

Marks obtained in the requisite Academic / Professional / Technical qualification

Qualification	Maximum Marks	Marks obtained	Year of passing (Month & Year)	Whether registered in respective council (Yes/No)

Details of Contract/Outsourcing/Honorarium service as on. 31.12.2024:

Sl. No	Name of the Institution	Contract / Out-sourcing	Urban /Rural / Tribal(or) Covid-19	Period of service		Total period (Years– Months–Days)	Service certificate issued by the competent authority enclosed (yes/no)
				From	To		

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

APPENDIX-I

CERTIFICATE OF RESIDENCE

(Vide Sub-Clause (ii) of Clause (a) para7 of the Presidential order) It is hereby certified,

(a) That Sri/Srimathi/Kumari _____

S/o.W/o,D/o_____appeared for the first time for the matriculation(S.SC) Examination in (month)_____year;

(b) 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;

(c) 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
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1.

2.

3.

4.

5.

6.

7.

Station: OFFICE SEAL

Date:

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

Date:

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