<u>RE – NOTIFICATION (3rd time)</u> <u>Rc.No.02/RBSK-RKSK, Dated -07-2025</u> (O/o District Medical &Health Office ,Vizianagaram) <u>HEALTH & FAMILY WELFARE DEPARTMENT</u>

FRESH NOTIFICATION for the recruitment drive for the Different posts in NHM Scheme purely on temporary and Contract Basis for a Period of One Year working under the DMHO, Vizianagaram Control.

APPLICATION FORM

	RATIN NO: FILLED BY T	HE OFFICE)													
POST FO	OR WHICH A	APPLICATION	MADE												
-	me of the app BLOCK lette							_		_		_	_		
2)Aad	dhar No of th	e candidate (M	andatory)												
3)Fat	her's Name/ l	Husband's Nan	ne					•					1		_
4)Res	idential Add	ress:													
*A	ndidates pers All communic obile only	onal mobile no. cations will be	(Mandatory) through												
3)Sex	:(Male/Femal	le)		4)Date of birth :											
5)Rel	igion:			6)Social Status : (SC/ST/BC -(with A,B,C,D)/ OC)											
(Pleas	axation of age se specify the nd in which a	relaxation of					<u> </u>		-	,	,				
		s to physically l te issued by the		nlv v	alid`						(`	Yes/ľ	No)		
9)If b (Or	elongs to Ex- nly Candidat	Service men, le: e must be Ex-se	ngth of service ervicemen/wor												
10)W Eligit	hether the inc pility certifica	dividual is hav te issued by the	ing sports quo Sports Develo	opment Authority (Yes/				Yes/N	Vo)						
11) If	belongs to Ec Candidate mu	conomically We st submit certif	eaker Sections(icate obtained	EWS from	5) Tah	asilo	lhar)				Yes/I	No)		
Sl.		Study and cond Year of										**			
No.	Class	Study	Name &Add	ress	of th	e Sc	hool	, wh	ere s	tudi	ed		Dis	strict	
1	4 th Class														
	5 th Class														
3	6 th Class														
4	7 th Class														
5	8 th Class														
6	9 th Class											<u> </u>			
7	10 th Class														

Educational Qualifica	ation:					
Month &year of passing	Max. mark Grade/Poir		Marks/Grade obtaine			entage of Marks rade/Points/
Name of the council/b registere		Reg	istration No:	Year Registr &Rene	ation	Registration Valid upto

<u>Contract/Outsourcing/ Covid-19 Service in Government if any:</u> (Service certificate issued by the appointing authority of concerned Government department is only valid and Appointed Order)

Name of the Scheme, where the applicant is working / was worked in the Government service	
Name of the department in which worked	
Whether on contract(or)out sourcing basis	
If, on outsourcing, indicate the Name &Address of the Out sourcing agency	
Appointment orders issued by whom	
Appointment orders Proceedings Rc.No.	
Place & Address, where the applicant has worked	
Indicate the place of working is Tribal, Rural(or) Urban	
Period of working (indicate DD/MM/YYYY)	From To
No. of completed years in Government service	

Phone/Mobile No. :

E-mail address :

<u>GOVERNMENT OF ANDHRA PRADESH</u> <u>Contract/Outsourcing/Honorarium Service Certificate</u> <u>(Certificate to be issued by the Controlling Officer concerned</u> <u>(DM&HO/DCHS/Principals of GMC/ Superintendents of GGH/ or any</u> <u>Other Appointing Authority)</u>

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

I hereby declare that:

1. His /her services ason 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)

<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 will not be considered for final merit

APPENDIX-I

CERTIFICATE OF RESIDENCE

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

(a)

That Sri/Smt/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,

Villa	ge	Гaluk	District	Period
1.				
2.				
3.				
4.				
5.				
6.				
7.				
Station:	OFFICE SEA	L	Officer of Revenue D	Department not
Date:			Below the rank of Ta	hsildhar or
			Deputy Tahsildhar ii	n independent
			Charge Of a Sub Tal	uk

DECLARATION

I,	, S/o/ D/o / W/o.
	_,resident of House No:,
Address :	,do here
by declare that, all the particulars furnished in	n my application are true and correct. I have read
the entire notification and abide to the g	uidelines. I, further declare that, if the above
particulars are found incorrect, I shall be lia	ble 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	Gazetted-attested copy of marks memo of SSC(or)equivalent certificate	Yes/No
3	Gazetted -attested copies of marks memos of all the years of qualifying Examination	Yes/No
4	Gazetted -attested copy of Provisional/ Permanent certificate of qualification	Yes/No
5	Gazetted-attested copy of permanent registration certificate of the Council /Board with necessary renewals	Yes/No
6	Gazetted –attested copy of latest caste certificate (in case of SC/ST/BC)	Yes/No
7	Gazetted –attested copies of study certificates from Class–IVto X where the candidate studied. In case of private study of SSC or its equivalent residence certificate issued by the Tahasildhar for the previous even years in the prescribed proforma.	Yes/No
8	Gazetted – attested copy of latest physically handicapped certificate issued by SADARAM /Ex-Servicemen(if applicable)	Yes/No
9	Gazetted-attested copy of sports certificate along with eligibility certificate issued by the sports development authority in the prescribed format(if applicable)	Yes/No
10	Gzetted-attested copy of EWS certificate issued by the Tahasildar (if applicable)	Yes/No
11	Gazetted-attested copy of service certificate of the candidate duly countersigned by the DM&HO/DCHS/Other authority competent By whom the individual was been appointed. as well as produce the Appointment order	Yes/No

Note: All the above Certificates Must be Attested by the Gazetted Officer

Signature of the applicant