

GOVERNMENT OF ANDHRA PRADESH

HM&FW Department

**Notification No. 01/DPHFW-IDSP-DSU/DM&HO-ATP/2026, Dated: /06/2026.**

Recruitment for Filling up of various Posts under DPHFW-IDSP-DSU in the Erstwhile

Ananthapuramu district under the control of

DM&HO, Ananthapuramu and Sri Sathya Sai District

Application for the Post of :		Affix Pass port size latest colour photograph
Application No.(to be filled by the office)	<input type="text"/>	

1	Name of the Candidate	
2	Gender	
3	Fathers Name	
4	Date of Birth(DD-MM-YYYY)	
5	Social Status (OC/OC-EWS/SC-A,B,C,D /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 be closed) –(Yes/No) with details	
8	Whether claiming EWS reservation (Latest EWS certificate enclosed)	
9	Whether Ex-Servicemen (enclose Service Certificate) –(Yes/No)	
10	Sports certificates enclosed–(Yes/No)	
11	Mobile number of the applicant and E mail. ID	
		DD.No.                      Date:                      Amount:

Marks obtained in the requisite Academic /Professional / Technical qualification

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

Details of Contract/Outsourcing/Honorarium service as on date of notification:

Sl. No	Name of the Institution	Contract / Out-sourcing	Urban /Rural / Tribal(or) Covid-19	Period of service		Total period (Years–Months–Days)	Service Weightage Marks
				From	To		

Details of School studies from **4<sup>th</sup>Class to 10<sup>th</sup>Class** (for local Status):

Sl. No	Class	Year of passing	Name of the School	Place & District
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			
6	IX			
7	X			

Local/Non Local: \_\_\_\_\_

### **DECLARATION**

I, Smt/Kum/Sri.....D/o or S/o or W/o.....do

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
1.				
2.				
3.				
4.				
5.				
6.				
7.				
Station:	OFFICE SEAL		Officer of Revenue Department not	
Date:			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.



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:

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.
3. He/she does not have any adverse remarks from his superiors during the period of Contract/Out-sourcing/Honorarium service.
4. 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)

### **CHECK LIST - ACKNOWLEDGEMENT**

(The Check list should be submitted in 02 (TWO) Copies one copy will be returned to the applicant as a Acknowledgement)

Name of the Candidate	
Application No (will be allotted at the time of submission of Application)	
Post Applied for	
Demand Draft Number, Dt	
Mobile Number & Address.	

The Candidate should enclose self attested documents/Certificates in the following order:

Sl No	Name of the Document	Enclosed (YES/NO)
1.	Filled prescribed application form	
2.	S.S.C or its Equivalent for date of birth	
3.	Proof of appearance for the qualifying examination wherever applicable	
4.	Qualifying Examination Pass Certificates	
5.	Marks memos of all years of (qualifying examination) or its equivalents	
6	Valid Certificate of Registration in AP Paramedical Board/Allied Health Care Sciences/Any other council constituted under the relevant rules for specific courses wherever applicable	
7.	Clinical training Certificate if applicable.	
8.	Copy of valid Latest caste certificate	
9.	Latest EWS certificate issued by the Tahsildar concerned	
10.	Study certificate for the years from IV class to X 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.	The service certificate should be submitted in the prescribed proforma along with relevant Appointment order .	
11.	Certificate of disability issued in SADAREM	
12.	Aadhar Card /Any other certificates as relevant and applicable	
13.	Sports Certificates if any .	

Signature of the candidate

**Acknowledgement**  
**(for Office use only)**

**Application is received from the applicant along with the above mentioned documents/enclosures on \_\_\_06.2026.**

Office Seal & Signature of the  
employee who received the  
Application