

**GOVERNMENT OF ANDHRA PRADESH  
HEALTH MEDICAL & FAMILY WELFARE DEPARTMENT  
DIRECTOR OF MEDICAL EDUCATION  
COMBINED RECRUITMENT Dr. Yellapragada Subba Rao GOVERNMENT MEDICAL  
COLLEGE/GOVERNMENT GENERAL HOSPITAL, ELURU  
RECRUITMENT TO THE VARIOUS POSTS TO WORK ON CONTRACT/OUTSOURCING BASIS  
IN GOVERNMENT MEDICAL COLLEGE/GOVERNMENT GENERAL HOSPITAL, ELURU**

Application for the Post of:		Affix Passport size latest color photo
Application No.(to filled by the office):		

1	Name of the Candidate	
2	Gender	
3	Father's Name	
4	Date of Birth(DD-MM-YYYY)	
5	Social Status (OC/OC-EWS/SC (Group-I)/SC(Group-II)/ SC(Group-III)ST/BC-A,B,C,D,E)	
6	Whether claiming for service weightage for Contract/Outsourcing service(enclose original contract/out sourcing service certificates alongwith appointing order copies.)	
7	Whether Physically Handicapped (VH/HH/OH/MI) (SADAREM Certificate to be enclosed)	
8	Whether claiming EWS reservation (Copy of the Latest EWS certificate(F.Y 2025-26 enclosed)	
9	Whether Ex-Servicemen (enclose Service Certificate)	
10	Mobile number of the applicant	
11	DD(Demand Draft) particulars	DD NO: Amount:
12	Address for communication:  Email.ID:	

13.Marks obtained in the requisite Academic/Professional/Technical qualification:

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

14.Details of Contract/Outsourcing/Honorarium service as on 30.04.2025:

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		

15.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	Town and District
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			
6	IX			
7	X			

## DECLARATION

Smt/Kum/Sri.....D/o or S/o or  
W/o do hereby declare that, above particulars furnished by me are true to the  
bests 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 fortified summarily.

Signature of the applicant

## ACKNOWLEDGEMENT

The application received for the Post of \_\_\_\_\_

In Notification No. 01/A2/GMCE/2025, dt. .05.2025 under the control of Government Medical College & Government General Hospital, Eluru(DME Control) on Contract/Outsourcing Basis for a Period of One Year.

The application registration No. is \_\_\_\_\_

Of Sri/Smt. \_\_\_\_\_ D/o/S/o \_\_\_\_\_

Date:

Signature