

NOTIFICATION NO.05/2021

GOVT., GENERAL HOSPITAL (RIMS) :: KADAPA.

APPLICATION FOR THE POST OF _____
TO WORK ON CONTRACT/OUTSOURCING BASIS IN GOVT. GENERAL
HOSPITAL, KADAPA.

1.	Name of the candidate		Paste Photograph here and sign across it						
2.a	Name of the Father								
2.b	Name of the Mother								
2.c	Name of husband/wife (if married)								
3.	Gender (M/F)								
4.	Date of Birth								
5.	Age as on 1.7.2021								
6.	Social Status (Please tick)	OC	BC A	B C B	B C C	B C D	B C E	SC	ST
7.	Whether Physically Handicapped (Please tick)	YES / NO							
7(a)	If yes please mention category (Please tick)	VH		/	HH		/	OH	
8.	Whether Ex Service man/woman	YES / NO							

DETAILS OF SCHOOL EDUCATION:

CLAS S	YEAR OF PASSING	Name of the studying Village and Mandal	DISTRICT IN WHICH STUDIED
IV			
V			
VI			
VII			
VIII			
IX			
X			

STUDY CERTIFICATES FROM IV TO X SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NONLOCAL.

ACADEMIC MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Year of passing	Total Marks	Marks Obtained	% of Marks Obtained

TECHNICAL MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Year of passing	Total Marks	Marks Obtained	% of Marks obtained

ADDRESS PARTICULARS:

Name:

Father Name/
Spouse Name:

House No:

Street:

Village/Town:

District:

PIN CODE:

Contact No:

Signature of the Applicant

DECLARATION

I, Kum/Smt/Sri.....D/o/S/o.....

certify that above particulars furnished by me are correct to the best of my knowledge. I also agree that in the event of any of the particulars furnished in my application being found to be incorrect or false at a later date my candidature will be cancelled summarily.

NAME & SIGNATURE OF THE CANDIDATE

EXPERIENCE CERTIFICATE

(Certificate to be issued by the Government Medical Officer /Medical Superintendent concerned)

This is to certify that Sri/Kum/Smt
..... has worked/ has been working as
..... on contract basis/ outsourcing basis in
.....as detailed here under: -

Name of the institution	Rural/Urban/Tribal/Covid	Working/ worked period		Break of service if any	Total No. of years completed	Reasons for break in service if any
		from	To			

I hereby declare that :

1. The services of the above candidate working/worked on Contract/outsourcing basis during the above period are satisfactory.
2. He/ she does not have any adverse remarks from his/her superiors during the above period of contract/outsourcing services.
3. She is eligible for contractual/outsourcing service weightage as per the rules published in the notification.

Station:

Signature of the Medical Superintendent/

Medical Officer

Date:

// Countersigned by//

D.C.H.S/ DMHO/SUPDT.

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CHECK LIST:

Note: The applicants should attach the Photostat copies of certificates, failing
which the application will be rejected.

S.No.	Certificates to be enclosed	Whether enclosed Yes/No
1.	SSC or equivalent examination (for date of birth) Birth Certificate issued by the govt.	
2.	Intermediate examination/10 + 2 (OR) equivalent examination certificate	
3.	Qualifying exam certificated(Provisional or Original Degree)	
4.	Marks memos of all the years of qualifying examination along with supplementary if any	
5.	Certificate of permanent/renewal registration in A.P. Para Medical Board /AP General Nursing and Mid wifery Council should be enclosed.	
6.	Recent (within 06 months) permanent Caste/Community certificate in case of SC/ST/BC (with categorization) issued by the Revenue authorities Tahsildar /MRO concerned. In the absence of proper Caste Certificate then candidate will be treated as OC candidate.	
7.	Study Certificates for the years 4 th class to 10 th class from the schools where the candidate studied (Govt./ZP/Municipal/Aided Schools). In case of private study 4 th class to 10 th class 7 years residence certificate from the Revenue authorities (Tahsildar/MRO) (4 th class to 10 th class with years and school name). In case of private study for a period not less than 7 years immediately preceding the date of commencement of 10 th or SSC, residence certificate in the proforma prescribed with authorized signatures. In the absence of the above study/residence certificate the candidate will be considered as Non-local.	
8	Physically Handicapped Certificate issued by the SADAREM in respect of candidates claiming reservation under P.H. quota.	
9	Relevant certificates in respect of the candidates claiming under Ex- Service man Quota.	
10	Relevant certificates in respect of the candidates claiming under Sports Quota	

SIGNATURE OF THE CANDIDATE.