

OFFICE OF THE PRINCIPAL, KURNOOL MEDICAL COLLEGE, KURNOOL

Notification No.01/COMBINED RECRUITMENT/KNL/2025, dt. .07.2025.

CHECK LIST FOR THE POST OF _____

(TO BE FILLED BY THE OFFICE STAFF ONLY)

Name of the Applicant: _____

S.No.	Name of the document	Enclosed with Application Form	
		Yes	No
1	Copy of SSC marks memo or equivalent certificate.		
2	Copy of eligible qualification marks memo.		
3	Copy of 01 Year Clinical Training / Apprenticeship certificate if studied Intermediate Vocational MLT		
4	Copy of respective Board / Council Registration Certificate		
5	Copy of latest Caste Certificate (in case of SC/ST/BC)		
6	Copies of Study Certificates from Class - IV to X		
7	Copy of latest Visually / Hearing / Physically Handicapped Certificate (if applicable).		
8	Copy of Discharged certificate for Ex-Servicemen Quota (If Applicable).		
9	Copy of Sports Certificate (if applicable).		
10	Copy of Economically Weaker section (EWS) Certificate valid for 2023-2024 issued by the Tahsildar (if applicable).		
11	Copy of Contract / Outsourcing / COVID-19 Service Certificate (if applicable) duly countersign by the competent authority.		
12	Appointment Order for Contract / Outsourcing / COVID-19 Service		

Signature of the Applicant

Name:

Mobile No. :

GOVERNMENT OF ANDHRA PRADESH
HEALTH, MEDICAL AND FAMILY WELFARE DEPARTMENT
OFFICE OF THE PRINCIPAL, KURNOOL MEDICAL COLLEGE, KURNOOL
(Notification No.01/Combined Recruitment/KNL/2025, dt. .07.2025)

APPLICATION FORM

(Combined Recruitment to various vacant posts in Health Institutions Principal, Kurnool Medical College, Kurnool, Superintendent, Govt. General Hospital, Kurnool, on Contract/Outsourcing basis)

Application for the Post of : _____ Application No. (to be filled by the office) : _____	Affix Passport size latest colour photograph
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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/ST/BC-A/B/C/D/E)			
6	Whether claiming for service weightage for Contract / Outsourcing service (Enclose contract/outsourcing service certificate along with Appointment Orders)	Yes / No		
7	Whether Physically Handicapped (VH/HH/OH/MD) (SADAREM Certificate to be closed)	Yes / No		
8	Whether claiming under Sports Quota (Enclose Certificate issued by the Sports Committee)			
9	Whether Ex-Servicemen (enclose Service Certificate)	Yes / No		
10	Mobile Number of the applicant			
11	Demand Draft (DD) particulars	D.D.No.	Date:	Amount:
12	<u>Address for communication:</u>			
13	<u>Email Id :</u>			

Marks obtained in the requisite Academic / Professional / Technical qualification

Qualification	Maximum Marks	Marks obtained	Year of passing (Month & Year)	Whether registered in Respective Board/Council (Yes/No)

Details of Contract/Outsourcing/Honorarium service

Sl. No	Name of the Institution	Contract / Outsourcing	Urban / Rural / Tribal / Covid-19	Period of service		Total period YY-MM-DD	Service certificate 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

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/
any Other Appointing Authority)

This is to certify that, _____, S/o / D/o _____
has been working / worked as _____ in PHC / CHC / AH / DH / GGH /
or any other AP State Institution at _____ on Contract /
Outsourcing / Honorarium basis with the concurrence of Finance Department, Government of AP.
Details of his / her Contract / Outsourcing service as on the date of Notification are as follows:-

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

I hereby declare that:

1. His/Her services as _____ on Contract / Outsourcing / Honorary basis during the above said period are satisfactory.
2. He/She does not have any adverse remarks from his/her superiors during the period of Contract/Outsourcing/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 enclosed along with this Service Certificate, otherwise weightage for Contract/Outsourcing/Honorary service will not be considered in the Merit List.