

**APPLICATION FOR RECRUITMENT OF VARIOUS CATEGORIES OF
POSTS ON CONTRACT /OUTSOURCING BASISIN PRAKASAM
DISTRICT**

APPLICATION FORM

REGISTRATION NO :

(TO BE FILLED BY THE OFFICE)

NAME OF THE POST APPLIED FOR:

Demand Draft No. _____ ,**dated:** _____ **for Rs.**

1	Name of the Candidate		PASS PORT SIZE PHOTO											
2	Sex													
3	Name of the Father													
4	Name of the Mother													
5	Name of Husband/ Wife(if Married)													
6	Date of Birth													
7	Social status(Please Tick)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">OC</td> <td style="padding: 2px;">BC-A</td> <td style="padding: 2px;">BC-B</td> <td style="padding: 2px;">BC-C</td> <td style="padding: 2px;">BC-D</td> <td style="padding: 2px;">BC-E</td> <td style="padding: 2px;">SC</td> <td style="padding: 2px;">ST</td> </tr> </table>					OC	BC-A	BC-B	BC-C	BC-D	BC-E	SC	ST
OC	BC-A	BC-B	BC-C	BC-D	BC-E	SC	ST							
8	Whether Physically handicapped (Please tick)	Yes / No												
9	If yes please mention category (Please tick)	HH / OH / VH												
10	Whether Ex Service man / Woman	Yes / No												
11	Sports Certificates	Yes / No												
12	Mobile Number													
13	Mail Id.													
14	Local/Non-Local													

DETAILS OF SCHOOL EDUCATION:

Sl. No.	Class	Year of Passing	School /Village/Town	District
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			
6	IX			
7	X			

EDUCATIONAL QUALIFICATIONS:

Name of the Academic Qualification	Year of Passing	Name of the Board
SSC		
Intermediate		

Name of the Technical Qualification	Maximum Marks	Marks Obtained	% of Marks Obtained	Council Registration Number

Contract/outsourcing/COVID service if any in Government Sector
(Service Certificate to be submitted in prescribed proforma only)

Name of the Post	Contract/Outsourcing	Urban/Rural/Tribal	From	To	Name of the Institution	Total period of Service

Address Particulars:

Name :
Father Name :
Husband Name :
House No :
Street :
Village/Town :
District :
Pin :
Aadhar Number :

DECLARATION

I, Smt/Kum/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 and I am liable for any action as per law.

Signature of the candidate

CHECK LIST

Candidates are instructed to submit the xerox copies of the certificates with SELF ATTESTATION and arrange the documents in the following order:

1.	Filled in application form	Yes	No
2.	SSC or equivalent certificate (for Date of Birth and Marks).	Yes	No
3.	Academic qualification certificates where ever applicable	Yes	No
4.	Technical qualification certificates where ever applicable	Yes	No
5.	Copies of all Marks Memos of Academic / Professional / Technical Qualifying examination	Yes	No
6.	Latest caste certificate (in case of SC/ ST/BC indicating group)	Yes	No
7.	Study certificates from class-IV to class-X where the candidates studied/Residence certificate issued by Tahsildar in respect of private candidates	Yes	No
8.	Latest Visual handicapped certificate issued by SADERAM (if applicable)	Yes	No
9.	Professional council registration certificate	Yes	No
10.	Apprenticeship Certificate (If applicable)	Yes	No
11.	Relevant Certificate in respect of candidates claiming Ex Service man Quota	Yes	No
12.	Copy of appointment order and Service Certificate for in-service candidates who are working on contract/Outsourcing basis with Government under Medical and Health Depart., should produce service certificate from concerned officer duly counter signed by the concerned District Authority.	Yes	No
13.	Sports Certificates if any	Yes	No
14.	Any Other relevant certificates	Yes	No
15.	Demand Draft for Rs. 500/300	Yes	No

**SERVICE CERTIFICATE OF CONTRACT /OUT
SOURCING/COVID-19**

This is to certify that Sri./Smt./Kum. _____

S/o./D/o. _____ has worked / has been working as
_____ at _____

_____ under Contract/Outsourcing basis/Covid-19.

Name of the Institution	Rural / Urban / Tribal	Working / Worked Period		Break of service if any	Total Service as on 31.01.2022			Reasons for break in service (if any)	Charges / Allegations / Adverse Remarks if any
		From	To		Y	M	D		

I hereby declare that:

1. The services as _____ working on contract/outsourcing basis /Covid-19 during the above said period are satisfactory.
2. He/She does not have any adverse remarks from his/her superiors during the period of Contractual service.

Station:

Date:

Signature &
Seal of the Medical Officer

// Counter Signed //

District Authority

NOTE:- Service certificate without proper Appointment Order copy will not be accepted and Service weightage shall not be counted.