

## NOTIFICATION

### Superintendent, Government General Hospital, Srikakulam

Notification for filling up of Sanctioned vacant posts and Newly created **Paramedical & Other posts on Contract / Outsourcing basis** under the Administrative Control of Director of Medical Education, A.P., Vijayawada to work in **GOVERNMENT GENERAL HOSPITAL, SRIKAKULAM** vide Rc.No.2274/E1/E2/2021, dt:30.11.2021.

The eligible candidates should submit the necessary documents along with the application form and Demand Draft of **Rs.300/- in favour of Hospital Development Society, Government General Hospital, Srikakulam.**

### APPLICATION FORM

REGISTRATIN NO:  
(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE

1	Name of the Candidate		Paste photograph here and sign across it															
2a	Name of the father																	
2b	Name of the Mother																	
2c	Name of Husband / wife (if married)																	
3	Sex																	
4	Date of Birth and age																	
5	Social status (Please tick)	<table border="1" style="display: inline-table;"><tr><td>OC</td><td>BC</td><td>BC</td><td>BC</td><td>BC</td><td>BC</td><td>SC</td><td>ST</td></tr><tr><td></td><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td></td><td></td></tr></table> <p><b>Note: If the ST Candidate Comes under Local Scheduled area please submit their Local Scheduled Area Certificate issued by the Concerned MRO's</b></p>	OC	BC	BC	BC	BC	BC	SC	ST		A	B	C	D	E		
OC	BC	BC	BC	BC	BC	SC	ST											
	A	B	C	D	E													
6	Whether Physically handicapped (Please tick)	Yes / NO																
6(a)	If yes please mention category (please tick)	HH / OH / VH																
7	Whether Ex-Service man / Women	Yes / No																

**DETAILS OF SCHOOL EDUCATION:**

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

STUDY CERTIFICATES FROM IV<sup>th</sup> TO X<sup>th</sup> SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON-LOCAL

**EDUCATIONAL QUALIFICATIONS:**

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERSITY

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION:**

Qualifying Examination	Total Marks	Marks Obtained in the qualifying examination	% of Marks obtained

**EXPERIENCE in Govt. Sector:**

Sl. No	Name of the Institution / projects of State / Central	COVID / NON-COVID	Experience		Length of service
			From	To	

**Note:-** For consideration of Service Weightage for Contract / Outsourcing / COVID duties, the Service Certificate should be issued by the Appointing Authority along with Appointment orders. Non – submission of the proper Service Certificate, the weightage will not be considered.

**EXPERIENCE CERTIFICATE**

**(Certificate to be issued by the Appointing Authority 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	Working/ worked period		Whether the post has Financial concurrence or Not	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. He / She is eligible for contractual/outsourcing service weightage as per the rules published in the notification.

Station:

Signature of the Competent Authority

Date:

// Countersigned by//

D.C.H.S/ DM&HO/SUPDT.

**ADDRESS PARTICULARS:**

Name :  
Father Name :  
Husband Name :  
House No. :  
Street :  
Village / Town :  
District :  
Pin :  
Cell No. / Phone No. :

**DECLARATION**

I, Smt / Sri / Kum ..... D/o / S/o / W/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 and Signature of  
the candidate