

GOVERNMENT OF ANDHRA PRADESH
MEDICAL EDUCATION DEPARTMENT
(Notification No: 01/2026, Date: 25.04.2026)

**Recruitment to the various posts to work on Contract basis in Drug De-Addiction Centre,
Government Teaching General Hospital, Rajamahendravaram under the control of
the DME, AP, Vijayawada.**

Application for the Post of :	<input style="width: 100%; height: 20px;" type="text"/>	Affix Pass port size latest color photograph
Application No. (to be filled by the office)	<input style="width: 100%; height: 20px;" type="text"/>	

1	Name of the Candidate (Block Letters)	
2	Name of the Father / Husband	
3	Gender	
4	Date of Birth (DD-MM-YYYY)	
5	Social Status (OC/OC-EWS/SC/ST/BC-A,B,C,D,E)	
6	Whether belongs to persons with benchmark disabilities (Latest PH certificate issued by the Medical Board only) to be enclosed	
7	Whether claiming EWS reservation (copy of the certificate to be enclosed)	Yes / No
8	If belongs to Ex-Service men, Length of Service in armed force (Certificate Latest to be enclosed)	Yes / No
9	Local / Non Local	
10	Mobile number of the applicant	
11	DD particulars	DD. No. Date: Amount:
12	<u>Address for communication:</u>	

Marks obtained in the requisite Academic / Professional / Technical qualification

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

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			

Note:

1. Applications for all post must be submitted by hand only and obtain proper acknowledgement summarily.
2. Submission of application by post, by Courier or mails, will not be considered.

DECLARATION

I, Smt/Kum/Sri..... D/o, S/o, W/o..... 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
Contact Number:



APPENDIX-I

CERTIFICATE OF RESIDENCE

(Vide Sub-Clause (ii) of Clause (a) para 7 of the Presidential order) It is hereby certified,

(a) That Sri/Srimathi/Kumari _____
S/o, W/o, D/o _____ appeared for the first time for the
matriculation (S.S.C) Examination in (month) _____ year;

(b) That he/she has not studied in any educational institution during the whole or a part of the 4 consecutive academic years ending with the academic year in which he/she first appeared for the aforesaid examination;

(c) That in the 4 years immediately preceding the commencement of the aforesaid examination, he/she resided in the following place/places namely,

	Village	Taluk	District	Period
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Station: OFFICE SEAL

Date:

Officer of Revenue Department not
Below the rank of Tahsildar or
Deputy Tahsildar in independent
Charge Of a Sub Taluk

Date:

