

GOVERNMENT OF ANDHRA PRADESH

Director of Medical and Health Department

(Notification No:01/2025,Date:22-03.2025)

Recruitment to the various posts to work on contract basis/Out-Sourcing basis in **Kidney Research Centre and Super Specialty Hospital, Palasa, Srikakulam District**"

Application for the Post of:

Affix Passport size latest color photograph

Application No.(to be filled by the office)

1	Name of the Candidate	
2	Gender	
3	Fathers 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 weight age for Contract/ Outsourcing service(enclose contract/outsourcing service certificate)	Yes/No
7	Whether Physically Handicapped (VH/HH/OH) (SADAREM Certificate to been closed)	Yes/No
8	Whether claiming EWS reservation (copy of the certificate enclosed)	Yes/No
9	Whether Ex-Servicemen (enclose Service Certificate)	Yes/No
10	Mobile number of the applicant	
11	DD particulars	DD.No. Date: Amount:
12	<u>Address for communication:</u>	

**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
..... 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/PrincipalsofGMC/Superintenden
ts of GGH/ or any Other Appointing Authority)

This is to certify that,
 S/o, D/o Has been working/ worked as
 (name of the post) in PHC/CHC/AH/DH/GGH/or any other AP State
 Institution at on
 Contract/Out-Sourcing/Honorarium basis with concurrence of
 finance department, Government of AP. Details of his/her
 Contract/Out-Sourcing service as on the date of notification are as
 follows:

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

I here by declare that:

1. His /her services as.....on Contract/Out-sourcing honorary basis during the above said period are satisfactory.
2. He/she does not have any adverse remarks from his superiors during the period of Contract/Out-sourcing/Honorarium service.
3. He/she is eligible for Contract / Outsourcing Service Weight age as per the rules published in the notification.

Station:

Date:

Round Seal

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 weight age for Contract/Outsourcing/honorary service will not be considered for final merit.

APPENDIX-I

CERTIFICATE OF RESIDENCE

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

- (a) That Sri/Smt/Kumari _____ S/o,
W/o, D/o _____ the first time for the matriculation(S.SC)
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:

Date:

OFFICE SEAL

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