GOVERNMENT OF ANDHRA PRADESH

HM&FW Department (Notification No:03/2024, Date:21.12.2024)

Recruitment to the various posts to work on contract basis/Out Sourcing basis in Govt. Health facilities					
	plication for the Post of: plication No.(to be filled by the office)			Affix Pass port size latest colour photograph	
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 weightage for Contract / Outsourcing service (enclose contract/out sourcingservice certificate)		Yes/No		
7	Whether Physically Handicapped (VH/HH/OH) (SADAREM Certificate to been closed)				
8	Whether claiming EWS reservation (copy of the certificate enclosed)				
9	Whether Ex-Servicemen(enclose Service Certificate)		Yes/No		
10	Mobile number of the applicant				
11	DD particulars	DD.No.	Date:	Amount:	
12	Address for communication:				

Marks obtained in the requisite Academic/Professional/Technical qualification

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

Details of Contract/Outsourcing/Honorarium service as on. 30.11.2024:

			Urban				Service
		Contract	/Rural/	Peri	od of	Total period	certificate
Sl.	Name of the	/ Out-	Tribal(or)	ser	vice	(Years-	Issued by the
No	Institution	sourcing	Covid-19	From	То	Months-	competent
INO						Days)	authority
							enclosed
							(yes/no)

DetailsofSchoolstudiesfrom4thClassto10thClass(forlocalstatus):

Sl. No	Cla ss	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 o	r S/o or	W/	′odo
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Here by 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

Note: All xerox copies of the certificates are attested by individual If any false in later the candidate is purely responsibility

APPENDIX-I

CERTIFICATEOFRESIDENCE

(Vide Sub-Clause(ii) of Clause(a) para7of the Presidential order) It is here by certified,						
(a)	That Sri/Srima	athi/Kumari				
S/	o. W/o, D/o			for the first the matriculatio	time n(S.SC)	
Ex	amination in (1	month)		year;		
(b)	the whole or	a part of the 4 emic year in	4 consecutiv	ational institution e academic years ne first appeared	ending	
(c)		nt of the afo	resaid exam	preceding the nination, he/she mely,		
Villa	age	Taluk	Di	istrict	Period	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
Station: Date:	OFFICESE	AL	Bel Der	cer of Revenue De ow the rank of Ta outy Tahsildhar in arge Of a Sub Tal	hsildhar or independent	

Date:

^{*}Strike off'whole''apart',as the case may be.

ACKNOWLEDGEMENT

	The appli	cation receiv	ed for the	post of -			
In	Notification	No.03/24	under	control	of	Government	Medical
Colle	ege/Governmer	nt General	Hospital	(DME	Contro	ol)Machilipatnar	n,Krishna
Dist	rict on Contract	t/Outsourcir	ng basis for	r a perid	of One	year notificatio	n issued
on (06.01.2025 and	the applicati	on registra	ation No.i	s	- of Sri/Smt/D/	o/S/o

Receivers Signature/Stamp

Candidate Signature

::CHECKLIST::

S.No	Enclosure	Satus
1	Marks memo of SSC (or) equivalent certificate	Yes/No
2	Latest caste certificate (incase of S/ST/BC)	Yes/No
3	Latest EWS certificate (Economically weaker sections) issued by the competent authority incase of EWS categories	Yes/No
4	Latest Physically Handicapped certificate issued in Sadarem	Yes/No
5	Ex-Servicemen/Women in armed force certificate (if applicable)	Yes/No
6	Study certificates from Class-IV to X where the candidate studied.	Yes/No
7	Marks memos of all the years of qualifying examination.	Yes/No
8	Provisional/Permanent certificate of Qualification	Yes/No
9	Permanent registration certificate of AP Para medical board/Other concerned Council related to the post.	Yes/No
10	Service certificate issued by concerned government departmental institutionn head(if applicable)	Yes/No
11	Latest passport size photograph of the applicant was affixed with attestation	Yes/No
12	Online Transaction receipt of Application fee drawn in favour of College Development Society, Andhra Medical College was enclosed.	Yes/No

Signature of the applicant

GOVERNMENTOFANDHRAPRADESH

<u>Contract/Outsourcing/HonorariumServiceCertificate(Certificatetobeiss</u>

uedbytheControllingOfficerconcerned(DM&HO/DCHS/ Principals of GMC/ Superintendents of GGH/or any Other Appointing Authority)

	This	is	to	certify	that,
work	ed as (name	of the post) in PHC /	een working / CHC / AH /DH/ on Contract/Out-	′
Sourc	cing				
•				inance department, t-Sourcing service as	
	date of notificati	•	•	t Jour ching service as	•

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

I here by declare that:

1.His/her services as on.....

Contract/Out-sourcing honorary basis during the above said period are satisfactory.

- 1. He/she does not have any adverse remarks from his 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/Principal/Superintendent any other competent District Authority who appointed the applicant)

<u>Imp. Note</u>: 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 for final merit.