

GOVERNMENT OF ANDHRA PRADESH

HM&FW Department

(Notification No:02/2024, Date: 10.12.2024)

Recruitment to the various posts to work on contract basis/Out Sourcing basis
in Govt. Health facilities

Application for the Post of : Application <input style="width: 150px; height: 20px;" type="text"/>	Affix Pass port size latest color photograph
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 weightage for Contract / Outsourcing service (if yes enclose contract /outsourcing service certificate)	Yes /No
7	Whether Physically Handicapped (VH/HH/OH) (SADAREM Certificate to be enclosed)	
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	

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 Tahsildhar or
Deputy Tahsildhar in independent
Charge Of a Sub Taluk

Date:

*Strike off 'whole' 'a part', as the case may be.

Details of School studies from 4thClass to 10thClass (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	VII I			
6	IX			
7	X			

DECLARATION

I, Smt/Kum/Sri.....D/o or S/o or W/o..... do 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

GOVERNMENT OF ANDHRA PRADESH
Contract/Outsourcing/Honorarium Service Certificate (Certificate to be issued by the Controlling Officer concerned (DM&HO/DCHS/Principals of GMC/ Superintendents 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 /allegation s /adverse remarks if any
		From	To			

I hereby declare that:

2. His /her services as..... on Contract/Out-sourcing honorary basis during the above said period are satisfactory.
3. He/she does not have any adverse remarks from his superiors during the period of Contract/Out -sourcing/Honorarium service.
4. 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/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 weightage for Contract/ Outsourcing/honorary service will not be considered for final merit.