<u>ANNEXURE-II</u>

NATIONALHEALTHMISSIONDr.B.R.AmbedkarKonaseemaDISTRICT RECRUITMENT FOR EPIDEMIOLOGIST POST UNDER NHM-2023-24

APPLICATIONFORTHEPOSTOF

LICATIONFORTHEPOSTOF (ONCONTRACTBASIS) (Application should be downloaded and submitted in A4 size paper only)

(Application should be downloaded and submitted in A4 size paper only

NotificationNo.01-2/2023 Application No...... (for office use only)

1)Nan	neoftheappli	cant						
(inI	BLOCKletters)							
2)Fath	1er'sName/H	lusband'sName						
· ·			4)Dateofbirth:					
5)Religion:			6)SocialStatus:(SC/ST/BCwithgroup/OC)	6)SocialStatus:(SC/ST/BCwithgroup/OC)				
7)Rela	axationofage	ifany:						
8)Wh	ether belong	s to physicallyha	indicapped:					
(Lat	estCertificateis	suedbytheMedicalbo	oard(SADAREM)onlytobeenclosed)					
9)IfbelongstoEx-Servicemen, lengthofs			serviceinarmedforces					
· · ·	tificatetothateffeo							
10)De	tailsofEduca	tionqualifications	sfromClass-IVtoXClass 11). Loc	al/NonLocal				
Sl.No	Class	Year of	NameoftheSchoolstudied	District				
51.140	Class	passing	Nameonnebchoolstudied	Distilict				
1	4 th Class							
2	5 th Class							
3	6 th Class							
4	7 th Class							
5	8 th Class							
6	9 th Class							
7	10 th Class							

$11. \ Marks Obtained in Qualifying Exam and Technical Qualifications$

Academic& Technicalqualific ations	Month&year ofpassing	Max. marks/Grade Points	Marks/Gra dePoints obtained	% Marks / Grade points
SSC/10 th Class				
Intermediate				
Technical Qualification/				
Graduation:				
12. Experience:				

AP MCI/APNMC/AP Para Medical Board	
Registration Number and valid up to	

13. Address of Communication along with Pin code:

Name	:	
HouseNumber	:	
Village/Town	:	
District	:	
Phone/MobileNo.	:	e-mailaddress:

DECLARATION

Idoherebydeclarethatalltheabovefactsaretrueandcorrect.Ifurtherdeclarethat, if the above particulars are found incorrect, I shall be liable for termination from service withimmediateeffectwithoutassigninganynotice

VERIFICATIONCHECKLIST

ApplicationNo:

Name of the Applicant:

Name of the Post applied:

1	$\label{eq:copy} Copy\ of marks memoof {\tt SSC} or equivalent certificate {\tt Verified}.$	YES	NO
2.	Copy ofIntermediateMarksmemoVerified.	YES	NO
3.	Copy ofmarksmemosofTechnicalQualification	YES	NO
4.	Copy of Apprentice completion certificate in case of Intermediate Vocational Verified.	YES	NO
5.	Copy ofAPMCI/APNMC/APPMBoardregistrationCertificateVe rified.	YES	NO
6.	Copy of latest Caste Certificate(in case of SC/ST/BC) Verified.	YES	NO
7.	Copy ofStudyCertificatesfromClass– IVtoXwherethecandidatestudiedVerified.	YES	NO
8.	Copy oflatestPhysicallyhandicappedcertificateSADAREM(ifappli cable) Verified	YES	NO
9.	Copy of certificatessupportingExServiceManQuota (if applicable)Verified.	YES	NO
10	Copy ofCertificateofExperience (IfServicePersons) duly counter signed by the District authority)	YES	NO
11	All the above documents should be attested.	YES	NO
12	Signature of the application & check list.	YES	NO

Receiving Clerk.

Signature of the Candidate

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/ of any other Appointing Authority)

This	is to	certify	that, _									S/o	, D/o
							_	has	been	working	5	/worked	as
			(name	of	the	post)	in	PHC/C	HC/AH/D	H/GGH/or	any	other AP	State
Institution at _										on c	ontra	ct /Out-sou	urcing
/ Honorarium	basis	with c	oncurre	ence	of	financ	e d	epartme	nt, Gover	nment of A	P. D	etails of hi	s /her

Contract/ Out-Sourcing service as on the date of notification are as follows:

	Urban/	Per	riod			Charges /
Name of the Institution	Rural/ Tribal (or) COVID-19	From	То	Duration	Reasons for break in service (if any)	allegations / adverse remarks if any

I hereby 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 / Out-sourcing service Weight age as per the rules published in the notification.

Signature & Seal of the Controlling Officer (DM&HO/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, other weight age for Contract/ Out-sourcing /honorary service will not be considered for final merit.

<u>APPENDIX-I</u> <u>CERTIFICATE OF RESIDENCE</u>

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

That Sri /Si	nt/Kum		S/o,W/o,I
		appeared for th	e first time for the
matriculation	on (SSC) Examination in	(Month)	year;
That he/she	has not studied in any educational	institution during the wh	nole or a part of the 4
consecutive	academic years ending with the a	cademic year in which he	/she first appeared f
the aforesai	d examination;		
That in the	4 years immediately preceding the	commencement of the at	foresaid examination
he/she resid	ed in the following place/places na	amely,	
Village	Taluk	District	
Period			
1:	OFFICE SEAL	Officer of Re	venue Department no

below the rank of Tahsildar or

Charge of a Sub Taluk

Deputy Tahsildar in independent

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

Date: