

GOVERNMENT OF ANDHRA PRADESH

MEDICAL EDUCATION DEPARTMENT

(Notification No: 01/Combined Recruitment/KDP/20242024, Date : 25/01/2024)

**Recruitment to the various posts to work on Outsourcing
Basis in Govt. Health facilities**

Application for the Post of : 	Affix Pass port size latest colour photogra ph
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	LOCAL Status	LOCAL / NON LOCAL
7	Whether claiming for service weightage for Outsourcing Services (enclose Outsourcing certificate)	Yes /No
8	Whether Physically Handicapped (VH/HH/OH) (SADAREM Certificate to be enclosed)	
9	Whether claiming EWS reservation (copy of the certificate to be enclosed)	
10	Whether Ex-Servicemen (enclose Service Certificate)	Yes /No
11	Mobile number of the applicant	
12	Fees Payment	Original Counter File to be Enclosed , Date of Payment : Amount :
13	<u>Address for communication:</u>	

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 12/2023 :

Sl. No	Name of the Institution	Contract / Out-sourcing	Urban /Rural / Tribal(or) Covid-19	Period of service		Total period (Years–Months–Days)	Service certificate issued by the competent authority enclosed (yes/no)
				From	To		

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..... 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 aton 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 hereby declare that:

1. His /her services ason 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 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 en-closed along with this service certificate, otherwise weightage for Contract/ Outsourcing/honorary service will not be considered for final merit.

APPENDIX-I

CERTIFICATE OF RESIDENCE

(Candidates Studied Privately)

(Vide Sub-Clause (ii) of Clause (a) para7 of the Presidential order) It is hereby certified,
That Sri/Srimathi/Kumari _____

S/o.W/o,D/o _____ appeared for the first time for the matriculation(S.SC)
Examination in (month) _____ year;

(a) 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;

(b) 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.

CHECK LIST - ACKNOWLEDGEMENT

(The Check list should be submitted in 02 (TWO) Copies one copy will be returned to the applicant as an Acknowledgement)

Name of the Candidate	
Application No (will be allotted at the time of submission of Application)	
Post Applied for	
Demand Draft Number	
Mobile Number	

The Candidate should enclose self attested documents/Certificates in the following order:

SI No	Name of the Document	Enclosed (YES/NO)
1.	Filled prescribed application form	
2.	S.S.C or its Equivalent for date of birth	
3.	Proof of appearance for the qualifying examination wherever applicable	
4.	Qualifying Examination Pass Certificates	
5.	Marks memos of all years of (qualifying examination) or its equivalents	
6	Valid Certificate of Registration in AP Paramedical Board/Allied Health Care Sciences/Any other council constituted under the relevant rules for specific courses wherever applicable	
7.	Clinical training Certificate if applicable.	
8.	Copy of valid caste certificate	
9.	Latest EWS certificate issued by the Tahsildar concerned	
10.(a)	Study certificate for the years from IV class to X Class.	
10.(b)	In case of Private study candidates, the residence certificate issued by the Tahsildar concerned for 04 to 07 years prior to SSC and its equivalent.	
11.	The service certificate should be submitted in the prescribed proforma.	
12	Certificate of disability issued in SADAREM	
13	Any other certificates as relevant and applicable	

Signature of the candidate

Acknowledgement (for Office use only)
Application is received from the applicant
along with the above mentioned documents
/enclosures on .01.2024.

Office Seal & Signature of
the employee Authorised
to receive the Application

