

<b>GOVERNMENT OF ANDHRAPRADESH</b>		
<u>Medical Education Department</u>		
(Notification No:01/2024,Date :12.01.2024)		
Recruitment to the various posts to work on contract basis/Out Sourcing basis in Govt. Medical College, Govt. General Hospital and Govt. College of Nursing, Srikakulam.		
Application for the Post of :	<input style="width: 95%;" type="text"/>	Affix Pass port size latest colour photograph
Application No. (to be filled by the office)	<input style="width: 95%;" type="text"/>	

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 / outsourcing service certificate)	Yes /No
7	Whether Physically Handicapped (VH/HH/OH) (SADAREM Certificate to be closed)	
8	Whether claiming EWS reservation (copy of the valid 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:	
13	Aadhar Number:	
14	Any one reference of Gazetted officer or public representative	

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. . 01.2024:

Sl. No	Name of the Institution	Contract / Outsourcing	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 4<sup>th</sup>Class to 10<sup>th</sup>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

ACKNOWLEDGEMENT

The application received for the posts of \_\_\_\_\_  
vide notification No.01/2024 dated 12.01.2024 of the Principal, Government  
Medical College, Srikakulam (DME control) on the Contract, Outsourcing basis for  
a period of one year. Notification issued on 12.01.2024 and the application  
registration no. is \_\_\_\_\_ of Sri/Smt. \_\_\_\_\_  
\_\_\_\_\_D/o. / S/o. \_\_\_\_\_

Receiver Signature/ Stamp

Candidate Signature

**::CHECKLIST::**

Sl. No.	Enclosure	Status
1	Marks memo of SSC(or)equivalent certificate	Yes/No
2	Latest caste certificate (in case of SC/ST/BC)	Yes/No
3	Latest EWS(Economically Weaker Sections)certificate issued by the competent authority in case of EWS categories	Yes/No
4	Latest physically handicapped certificate issued in sadarem.	Yes/No
5	Ex-servicemen/women in armed forces certificate(if applicable)	Yes/No
6	Study certificates from Class-IV toX 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 A.P. Para Medical Board/ other concerned Council related to the post .	Yes/No
10	Service certificate issued by the concerned government departmental institution head (if applicable)	Yes/No
11	Latest pass port size photograph of the applicant was affixed with attestation	Yes/No
12	A demand draft is enclosed	Yes/No

**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 breakin service(if any)	Charges /allegations /adverse remarks if any
		From	To			

I hereby declare that:

1. His/her services as.....on(Contract/Out-sourcing honorary basis during the above said periodare 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 asper the rules published in the notification.

Signature& Seal of the ControllingOfficer  
(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.