

**GOVERNMENT OF ANDHRA PRADESH
HEALTH MEDICAL & FAMILY WELFARE DEPARTMENT
DIRECTOR OF SECONDARY HEALTH (FORMERLY APVVP)
ERSTWHILE CHITTOOR DISTRICT.**

Errata in Notification (No.01/2025, dated:10.03.2025), Dated: -18.03.2025

Modified notification to the post of Radiographer are as follows:

Qualification:

1. Must Possess certificate in CRA/DRGA/DMIT Course/B.Sc(Radiology & Imagining Technology)
2. Must be registered in Andhra Pradesh Paramedical Board.

Receipt of Application: from 19.03.2025 to 24.03.2025, 5.00 PM

Annexure					
Sl. No.	Cadre/Category	Vacancy	Roaster Points	Mode Recruitment	Remuneration PM in Rs/-
1.	Radiographer	2	7-SC – 1 st cycle 8-ST – 1 st cycle	Contract	Rs.35570/-

Note: other conditions to be followed as per notification No.01/2025, dated:10.03.2025.

**District Coordinator of Hospital services
Chittoor**

**Collector and District Magistrate
Chittoor**

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 / Outsourcing / 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 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 / 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.

GOVERNMENT OF ANDHRA PRADESH

HM&FW Department(Director of Secondary Health)

(Notification No: 01/2025, Dated: 09.03.2025)

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

Application for the Post of :

Application 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 / outsourcing service certificate)	Yes /No
7	Whether Physically Handicapped (VH/HH/OH/Autism) (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	Whether Sports if any(enclose Certificates)	Yes /No
11	Mobile number of the applicant	
12	DD particulars	DD.No. Date: Amount:

13	<u>Address for communication:</u>
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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. ____ .2025:

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 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	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

:: CHECK LIST ::

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-service men / women in armed forces certificate (if applicable)	Yes/No
6	Sports claiming (if applicable)	Yes/No
7	Study certificates from Class-IV to X where the candidate studied.	Yes/No
8	Marks memos of all the years of qualifying examination	Yes/No
9	Provisional / Permanent certificate of qualification	Yes/No
10	Permanent registration certificate of A.P. Nurses & Midwives Council / A.P. Para Medical Board.	Yes/No
11	Service certificate issued by the concerned government departmental institution head (if applicable)	Yes/No
12	Latest passport size photograph of the applicant was affixed with attestation	Yes/No
13	Demand draft drawn in favour of District Co-Ordinator of Hospital Services, Chittoor was enclosed	Yes/No

Signature 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.SC) 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:Date: OFFICE SEAL

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.