

<p>GOVERNMENT OF ANDHRA PRADESH HM&FW Department Director of Secondary Health, Erstwhile Guntur District <u>(Notification No:01/2025, Date: .01.2025)</u> Recruitment to the various posts to work on contract basis/Out Sourcing basis in Govt. Health facilities</p>		
<p>Application for the Post of : </p> <p>Application No. (to be filled by the office)</p>		<p>Affix Pass port size latest colour photograph</p>

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 been closed)	
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	
11	DD particulars	DD.No. Date: Amount:
12	<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 service as on. 01.2025:

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

APPENDIX-I

CERTIFICATE OF RESIDENCE

(Vide Sub-Clause (ii) of Clause (a) para7 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: 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.

::CHECKLIST::

Sl. No.	Enclosure	Enclosed
1	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	Sports claiming(if applicable)	Yes/No
7	Study certificates from Class-IV to X where the candidate studied regularly. As per para no.8 (f) of notification	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 department all institution head (if applicable)	Yes/No
12	Latest passport size photograph of the applicant with attestation	Yes/No
13	Application fee should be paid by way of UPI transfer/RTGS/NEFT to the A/c. No. with IFSC code and enclose transaction receipt along with application.	Yes/No

Signature of the applicant