#### GOVERNMENTOFANDHRAPRADESH

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)

	Thi	s is	to	certif	y tł	at,							S/o,I	O/o
						. has b	oeen	WO	rking/	worked	as(na	me of th	ne post)in PH	[C /
CHC	/	AH	/	DH	/	GGH	/	or	any	other	AP	State	Institution	at
								on (	Contra	ct / Out-	Sourc	ing / H	onorarium b	asis
with o	conci	urrenc	e of	finan	ce d	epartme	ent, (	Gove	rnmen	t of AP.	Detai	ls of his	/ her Contra	ct /
Out-S	ourc	ing se	rvice	e as on	the	date of	noti	ficati	on are	as follov	vs:			

N. Cd	Urban/ Rural/Tribal	Po	eriod		Reasons for break in	Charges /allegations
Name of the institution	(or) Covid-19	From	То	Duration	service (if any)	/adverse remarks if any

#### I hereby declare that:

- 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)

<u>Imp. Note</u>: 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.

### GOVERNMENTOFANDHRAPRADESH

### HM&FW Department

(Combined Notification No:02/2025, Date:

Recruitment to the various posts to work on contract basis/Out Sourcing basis in GMC, GGH, GCON, GCCC(NATCO) Guntur.

App	plication for the Post of:			AffixPassportsize
App	plication No.(to be filled by the office)			latestcolourphotogra ph
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:
	Address for communication:			
12				

## 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. 14.12.2023:

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

# $\underline{Details\ of\ School\ studies\ from\ 4^{th}Class\ to\ 10^{th}Class\ (for\ local status)};$

Sl. No	Clas s	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/Ku	ım/Sri						D/o.	or	S/o.	or	W/o.
			do 1	hereby de	clare t	that, a	bove 1	partic	culars	furnis	hed by	me	are true
to the	best	of my k	nowledge.	I agree th	nat in	the ev	ent o	f any	of the	e deta	ils furi	nishe	ed above
being	foun	d to be	incorrect	or false	at a	later	date,	my	candi	dature	will	be	forfeited
summ	arily.												

Signature of the applicant

### APPENDIX-I

#### CERTIFICATE OF RESIDENCE

(Vide Sub-Clause (ii) of Clause (a) para7 of the Presidential order)

S/o W	It is hereby certification of the leading of the le	eu, mai sm/sm/	appeared	for the	first	time	for	— th
	ulation(S.SC) Exam	nination in (mor		ioi tiic	mst	time	101	LII
(	•	s not studied in a nsecutive acader eared for the afo	nic years endi	ng with the	·			
(	(b) That in the 4 y aforesaid exam namely,	ears immediatel ination, he/she	• •					
Vill	age	Taluk	Dis	trict	]	Period		
1.								
2.								
3.								
4.								
5.								
6.								
7.								
Station:	OFFICE SEA	L		er of Rever	•		10t	
Date:			Depu	ty Tahsildh e Of a Sub	nar in ind		nt	
Date:								
*Str	rike off 'whole' 'a 1	part', as the case	may be.					