

GOVERNMENT OF ANDHRA PRADESH

Health Medical and Family Welfare Department

(Combined Notification No:01/2026, Date:25.03.2026)

Recruitment to various posts to work on contract basis/Out Sourcing basis in
Government General Hospital/Government Medical College, Piduguralla, Palnadu

Name of the Post Applied.

APPLICATION NO.
(to be filled by Office)

Affixe Passeport
size latest colour
photographe

| | | |
|----|--|---|
| 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> | |

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 | | | |

CHECK LIST OF CERTIFICATES ENCLOSED

| | Particulars of the Certificate Enclosed | Yes | No |
|----|---|-----|----|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |

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) para 7 of the Presidential order)

It is hereby certified, That Sri/Smt/Kum. _____

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.

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 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.