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| GOVERNMENT OF ANDHRA PRADESH |
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HM&FW Department (Notification No:04/2025, Date:14.08.2025)

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|--|
| Recruitment to the various posts to work on contract basis/Out Sourcing basis in Govt. Health facilities |
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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<br>(OC/OC-EWS/SC/ST/BC-A,B,C,D,E)   |  |
| 6  | Whether claiming for service weightage for Contract / Outsourcing service (enclose contract/out sourcing 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/Honorarium service as on. 31.07.2025:

| 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 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

Here by 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

**Note:** All xerox copies of the certificates are attested by individual  
If any false in later the candidate is purely responsibility

APPENDIX-I

CERTIFICATE OF RESIDENCE

(Vide Sub-Clause(ii) of Clause(a) para7of the Presidential order) It is here by 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: OFFICESEAL

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’‘apart’,as the case may be.

**ACKNOWLEDGEMENT**

The application received for the post of -----

In Notification No.04/25 under control of Government Medical College/Government General Hospital (DME Control) Machilipatnam,Krishna District on Contract/Outsourcing basis for a period of One year notification issued on 19.08.2025 and the application registration No.is ----- of

Sri/Smt/Kum ----- D/o/S/o -----  
-----

Receivers Signature/Stamp

Candidate Signature

**::CHECKLIST::**

| <b>S.No</b> | <b>Enclosure</b>   | <b>Satus</b>  |
|-------------|--|---------------|
| <b>1</b>    | Marks memo of SSC (or) equivalent certificate  | <b>Yes/No</b> |
| <b>2</b>    | Latest caste certificate ( incase of S/ST/BC)  | Yes/No        |
| <b>3</b>    | Latest EWS certificate (Economically weaker sections) issued by the competent authority incase of EWS categories                   | Yes/No        |
| <b>4</b>    | Latest Physically Handicapped certificate issued in Sadarem  | Yes/No        |
| <b>5</b>    | Ex-Servicemen/Women in armed force certificate (if applicable)   | Yes/No        |
| <b>6</b>    | Study certificates from Class-IV to X where the candidate studied.   | Yes/No        |
| <b>7</b>    | Marks memos of all the years of qualifying examination.  | Yes/No        |
| <b>8</b>    | Provisional/Permanent certificate of Qualification   | Yes/No        |
| <b>9</b>    | Permanent registration certificate of AP Para medical board/Other concerned Council related to the post.                           | Yes/No        |
| <b>10</b>   | Service certificate issued by concerned government departmental institutionn head(if applicable)                                   | Yes/No        |
| <b>11</b>   | Latest passport size photograph of the applicant was affixed with attestation  | Yes/No        |
| <b>12</b>   | Online Transaction receipt of Application fee drawn in favour of College Development Society, Andhra Medical College was enclosed. | Yes/No        |

**Signature of the applicant**

Contract/Outsourcing/HonorariumServiceCertificate(Cer  
tificatetobeiss  
uedbytheControllingOfficerconcerned(DM&HO/DCHS/  
Principals of GMC/ Superintendents of GGH/or any  
Other Appointing Authority)

S/o, D/o ..... has been working / worked as (.....) 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 (ifany) | Charges /allegations /adverse Remarks if any |
|-------------------------|-----------------------------------|--------|----|----------|--------------------------------------|--|
|                         |                                   | From   | To |          |                                      |  |
|                         |                                   |        |    |          |                                      |  |
|                         |                                   |        |    |          |                                      |  |
|                         |                                   |        |    |          |                                      |  |

- 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/Principal/Superintendent  
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.