

<div>GOVERNMENT OF ANDHRA PRADESH</div> <div>MEDICAL EDUCATION DEPARTMENT</div> <div>(Notification No: 02/2025, Date: 22.12.2025.)</div> <div>Recruitment to the various posts to work on Contract basis/ Out Sourcing basis in Government Medical College, Rajamahendravaram (GMC) and Government Teaching General Hospital, Rajamahendravaram (GTGH) under the control of the DME Department</div>		
Application for the Post of :	<div></div>	Affix Pass port size latest color photograph
Applying for GMC/GTGH :	<div></div>	
Application No.(to be filled by the office)	<div></div>	

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 be enclosed)	
8	Whether claiming EWS reservation (copy of the certificate to be 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> <div></div>	

Marks obtained in the requisite Academic / Professional / Technical qualification

Qualification	Maximum Marks	Marks obtained	Year & Month of passing	Whether registered in respective council (Yes/No)

Details of Contract/Outsourcing/Honorarium service as on 01.12.2025 :

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 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			

Note:

1. Applications for all post must be submitted by hand only and obtain proper acknowledgement summarily.
2. Submission of application by post, by Courier or mails, will not be considered.

DECLARATION

I, Smt/Kum/Sri..... D/o, S/o, W/o.....
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
Contact Number:

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:

1. 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.

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 Tahsildar or
Deputy Tahsildar in independent
Charge Of a Sub Taluk

Date:

*Strike off ‘whole’ ‘a part’, as the case may be.