

GOVERNMENT OF ANDHRA PRADESH
DISTRICT MEDICAL & HEALTH OFFICE:: KADAPA, YSR DISTRICT.
NOTIFICATION NO. 01 / 2024.

APPLICATION FORM

APPLICATION NO:
(TO BE FILLED BY THE OFFICE)

AFFIX PHOTOGRAPH
HERE

APPLICATION FOR THE POST OF _____

1.	Name of the candidate:	
2.	Name of the Father	
3.	Mobile No.	
4.	Gender (Male/Female)	
5.	Date of Birth	
6.	Social Status (OC/SC/ST/ BC-A,B,C,D,E/ EWS-valid for F.Y 2023-2024)	
7.	Status (Local/Non Local)	
8.	Whether belongs to PH category, If yes, Specify details. (VH / HH / OH)	Yes / No
9.	Whether belongs sports category, if yes(details of Sports)	
10	Whether belongs to Ex Service man/woman	
11	Whether working on Contract / Out Sourcing Basis in Medical and Health Dept. (If yes enclose Service Certificate from the Concerned Authority)	Number of years of Service working in government institution (M & H)
12	Having any other Preferential Qualification - if yes mention details.	

13. APPLICATION PROCESSING FEE: Rs. 500/- to be paid in favor of District Medical and Health Officer, Kadapa **through online transaction.** to the A/c. No. 116312010001469, Bank Name : UNION BANK OF INDIA, LIC DIVISION OFFICE BRANCH, KADAPA, IFSC Code: UBIN0811637

Transaction / Counter Foil No.	Amount	Mode of Payment

14. DETAILS OF SCHOOL EDUCATION :

Class	Year of Passing	Name of the School & Place	District
IV			
V			
VI			
VII			
VIII			
IX			
X			

15. MARKS OBTAINED IN THE REQUISITE QUALIFICATION :

Name of the Requisite Qualification for the post applied	Name of the College & University	Marks obtained			A.P. Para Medical Board Regd. No. for the post of LT and STLS
		Year	Max. Marks	Marks obtained	
		Total			

16. ADDRESS FOR COMMUNICATION ALONG WITH MOBILE NUMBER :

NAME	:	
Father's / Husband's Name	:	
Present Residential Address	:	
E-mail ID	:	
Mobile No.	:	

DECLARATION

I _____ S/o. / D/o. _____ declared that the particulars given above are correct to the best of my knowledge and belief. I also agree that in the event of any of the particulars furnished in my application being found incorrect or false at a later date my appointment will be cancelled summarily.

Date:

Signature of the Applicant.

GOVERNMENT OF ANDHRAPRADESH
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 aton 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.