

# **GOVERNMENT OF ANDHRA PRADESH**

O/o DISTRICT MEDICAL AND HEALTH OFFICER, ANANTHAPURAMU (Notification No.02/UPHC/DM&HO/ATP/2022 Dt. 01.08.2022)



<u>Recruitment on contract basis to work under National Health Mission</u>

1	Name of the Candidate			
2	Gender			
3	Father Name			
4	Mother Name			
5	Date of Birth ( DD-MM-YYYY)			
6	Social status (OC/SC/ST/ BC-A,B,C,D,E) ; OC-EWS			
7	Whether claiming for Service Weight age (certificate issued by the competent authority should be enclosed)	Yes / No		
8	Whether Physically handicapped (VH /HH /OH) (SADARAM Certificate to be enclosed)			
9	Sports certificates enclosed (Yes /No)			
10	Whether Ex-Service man/ Woman (Yes/ No)			
11	Local (only Local candidates are eligible)			
12	Aadhar No.			
13	Mobile No.			
14	Address for communication :			
15	The applicants must pay fee through <b>Demand Draft, in favour of District Medical and Health Officer, Ananthapuramu Payable at</b> SBI, Gandhi Bazar, Ananthapuramu as noted below:			
		s.300/- (Rupees three hundred only)		
	ST/SC/ BC Candidates/EWS R	s.200/- (Rupees two hundred only)		

# **DETAILS OF SCHOOL EDUCATION:**

SI. No.	Class	Year of passing	School in which studied	District
1	IV			
2	٧			
3	VI			
4	VII			
5	VIII			
6	IX			
7	X			

### MARKS OBTAINED IN THE REQUISITE QUALIFICATION

Qualification	Name of the Course studied	Total Marks	Secured marks	Percentage
SSC				
Intermediate				
Degree / Diploma				
PG qualification				

	No.	:
AP Medical / Paramedical / Nursing /	Date	:
Pharmacy Council Registration No.	n No. Valid up to	:
	-	

### CONTRACT / OUT SOURCING WORKING PERIOD DETAILS IF ANY as on 31.07.2022

SI. No.	Name of the institution	Contract / Outsourcing	Period o	f service	Total period (YY-MM-DD)	Service Certificate issued by the competent authority enclosed Yes /No.
			From	То		

# **DECALATION**

I,Smt./Kum./SriD/o,S/oD/o,S/o
ertify that above particulars furnished by me are correct to the best of my
nowledge. I also agree that in the event of any of the particulars furnished in my
pplication being found to be incorrect or false at a later date, my candidature will be
ancelled summarily.

Signature of the candidate

# **CHECK LIST** Candidates are instructed to submit the documents in the following order:

1.	Filled prescribed application form	Yes / No
2.	S.S.C or Equivalent examination Marks Memo.	Yes / No
3.	Intermediate or 10+2 examination Marks Memo.	Yes / No
4.	Qualifying Examination Pass Certificate.	Yes / No
5.	Marks memos of all the years (qualifying examination)	Yes / No
6	Registration certificates from the respective councils (AP Medical/ Paramedical / Nursing / Pharmacy )	Yes / No
7.	Internship / Apprentiship / Clinical training Certificate if applicable.	Yes / No
8.	Latest Caste certificate issued by the Tahsildar concerned	Yes / No
9.	Study certificate for the years from 4 <sup>th</sup> class to 10 <sup>th</sup> Class.  In case of Private study candidates, the residence certificate issued by the Tahsildar concerned for 04 to 07 years prior to SSC and its equivalent.	Yes / No
10.	PH certificate (SADAREM CERTIFICATE) in respect of candidates Claiming reservation under PH Quota	Yes / No
11.	Sports certificate in respect of candidates who claiming under Sports quota.	Yes / No
12	Relevant Certificates in respect of candidates who claiming Ex Service man Quota	Yes / No
13.	The service weightage will be allowed to the candidates those who are presently working in the respective cadre on contract / outsourcing basis / Covid-19 duties in the Govt. institutions under the control of the DPHFW, DME, APVVP.  The service certificate should be submitted in the prescribed proforma.	Yes / No
14.	Demand Draft No. for Rs.300 / 200	Yes / No

- $\frac{\text{NOTE:}}{\text{(2) Application without the requisite certificates will summarily rejected}}{\text{(2) All the Xerox documents should be signed by the candidate only.}}$

Signature of the candidate

# CERTIFICATE OF CONTRACT / OUTSOURCING SERVICE

(Certificate to be issued by the competent authorities concerned)

This is to certify that,	D/o
has been working as	at
(or) any other AP Govt., Institutions	s mentioned in the notification as the said individua
applied for the post of	to work under the control of DM&HC
Ananthapuramu in NHM Scheme.	. And the details of service as on 31.07.2022 is a
follows:	

Name of the institution	Rural / Urban/ Covid	Working /wo	orked Period	Length of Service as on date of Notification  Service if any		Reasons for break in service (if any)
		From	То	yy-mm-dd	if any	` ,

#### I hereby declare that:

- 1. The services as Contract / Outsourcing working on contract basis during the above said period are satisfactory.
- 2. He / She does not have any adverse remarks from his superiors during the period of Contractual / Outsourcing service.
- 3. He / She is eligible for Contractual / Outsourcing Service Weight age as per the rules published in the notification.

Signature of the DDO, (With seal and date)

Signature of the appointing authority (With seal and date)