

**GOVERNMENT OF ANDHRA PRADESH
HEALTH MEDICAL & FAMILY WELFARE DEPARTMENT
DIRECTOR OF MEDICAL EDUCATION
COMBINED RECRUITMENT Dr. Yellapragada Subba Rao GOVERNMENT MEDICAL
COLLEGE/GOVERNMENT GENERAL HOSPITAL, ELURU
RECRUITMENT TO THE VARIOUS POSTS TO WORK ON CONTRACT/OUTSOURCING BASIS
IN GOVERNMENT MEDICAL COLLEGE/GOVERNMENT GENERAL HOSPITAL, ELURU**

Application for the Post of: <div style="border: 1px solid black; width: 450px; height: 30px; display: inline-block;"></div>	Affix Passport size latest color photo
Application No.(to filled by the office):	

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1	Name of the Candidate	
2	Gender	
3	Father's Name	
4	Date of Birth(DD-MM-YYYY)	
5	Social Status (OC/OC-EWS/SC (Group-I)/SC(Group-II)/ SC(Group-III)ST/BC-A,B,C,D,E)	
6	Whether claiming for service weightage for Contract/Outsourcing service(enclose original contract/out sourcing service certificates alongwith appointing order copies.)	
7	Whether Physically Handicapped (VH/HH/OH/MI) (SADAREM Certificate to be enclosed)	
8	Whether claiming EWS reservation (Copy of the Latest EWS certificate(F.Y 2025-26 enclosed)	
9	Whether Ex-Servicemen (enclose Service Certificate)	
10	Mobile number of the applicant	
11	DD(Demand Draft) particulars	DD NO: Amount:
12	Address for communication: Email.ID:	

13.Marks obtained in the requisite Academic/Professional/Technical qualification:

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

14.Details of Contract/Outsourcing/Honorarium service as on 30.04.2025:

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		

15.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			

DECLARATION

Smt/Kum/Sri.....D/o or S/o or
W/o do hereby declare that, above particulars furnished by me are true to the
bests 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 fortified summarily.

Signature of the applicant

ACKNOWLEDGEMENT

The application received for the Post of _____

In Notification No. 01/A2/GMCE/2025, dt. .05.2025 under the control of Government Medical College & Government General Hospital, Eluru(DME Control) on Contract/Outsourcing Basis for a Period of One Year.

The application registration No. is _____

Of Sri/Smt. _____ D/o/S/o _____

Date:

Signature

::CHECKLIST::

S. No	Enclosure	Status
1	Mark's memo of SSC(or)equivalent certificate	Yes/No
2	Latest caste certificate (in case o fSC/ST/BC)	Yes/No
3	Latest EWS (Economically Weaker Sections) certificate issued by the competent authority in case of EWS categories	Yes/No
4	Latest physically handicapped certificate issued in sadarem.	Yes/No
5	Ex-servicemen/women in armed forces certificate (if applicable)	Yes/No
6	Sports claiming (if applicable)	Yes/No
7	Study certificates from Class-IV to X where the candidate studied.	Yes/No
8	Marks memos of all the years of qualifying examination	Yes/No
9	Provisional/Permanent certificate of qualification	Yes/No
10	Permanent registration certificate of A.P.Nurses & Midwives Council/A.P.Para Medical Board.	Yes/No
11	Service certificate issued by the concerned government departmental institution head(if applicable)	Yes/No
12	Latest passportsize photograph of the applicant was affixed with attestation	Yes/No
13	Demand draft drawn In favor of The Principal, Government Medical College, Eluru	Yes/No
14	Certificate of completion of one year Apprenticeship training in identified hospitals and awarded "Apprenticeship Completion certificate by the Board of Apprenticeship Training, GOI Southern Region, Chennai in case of intermediate vocational MLT"	Yes/No
15	Candidates who are applying to the posts notified under LST quota should submitted Local Schedule Caste certificate issued by the concerned authorities, failing which their candidature will not consider under LST quota.,	Yes/No
16	Any additional documents please specify.	

Signature of the applicant

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 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/any other competent
District Authority who appointed the
applicant)

Imp.Note:These If 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.