

DISTRICT LEPROSY AIDS AND TB OFFICE

(Notification No: 01/2023, Dated: 03.11.2023)

**Recruitment to the various posts on contract basis in Govt.
Health facilities**

Affix Pass port
size latest
colour
photograph

Application for the Post of _____ :
Application No (to be filled by the office)

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 weight age for Contractservice (enclose contract certificate)	Yes / No
7	Whether Physically Handicapped (VH/HH/OH/Autism) (SADAREM Certificate to be enclosed)	<input type="text"/>
8	Whether claiming EWS reservation (copy of the certificate enclosed)	Yes / No
9	Whether Ex- Servicemen (enclose Service Certificate)	Yes / No
10	Whether Sports if any (enclose Certificates)	Yes / No
11	Mobile number of the applicant	
12	Fee particulars	Date: _____ Amount: _____
13	<u>Address for communication:</u>	
14	Mobile No	

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.31.10.2023:

Sl. No.	Name of the Institute	Contract / Outsourcing	Urban/ Rural/ Tribal(or)/ Covid-19	Period of service		Total Period	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	District
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			
6	IX			
7	X			

::CHECKLIST::

Sl.No.	Enclosure	Status
1	Marks memo of SSC (or)equivalent certificate	Yes/No
2	Latest caste certificate (in case of SC/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	Registration of 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 passport size photograph of the applicant was affixed with attestation	Yes/No
13	Demand draft drawn in favour of District Leprosy AIDS AND TB Offier, Guntur was enclosed	Yes/No

Signature of the applicant

DECLARATION

I, Smt /Kum/Sri.....D/o or S/o or W/o

.....

do 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 later date, my candidature will be forfeited summarily.

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 areas follows:

Name of the institution	Urban/ Rural / Tribal(or) Covid-19	Period		Duration	Reasons for breaking service(if any)	Charges /allegations /adverse remark 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)**

Note: The self attested copy of appointment order must be enclosed along with this service certificate, otherwise weight age for Contract/Outsourcing/honorary service will not be considered for final merit.