

<div>GOVERNMENT OF ANDHRAPRADESH</div> <div>MEDICAL EDUCATION DEPARTMENT</div> <div>(Notification No: 01/2025, Date: 30.04.2025)</div> <div>Recruitment to the various posts to work on Contract basis/ Out Sourcing basis in Government Medical College, Rajamahendravaram and Government Teaching General Hospital, Rajamahendravaram under the control of the DME Department</div>		
Application for the Post of : <div></div>		Affix Pass port size latest color photograph
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 been closed)	
8	Whether claiming EWS reservation (copy of the certificate to be enclosed)	
9	Whether Ex-Servicemen (copy of the Service to be enclosed)	Yes /No
10	Mobile number of the applicant	
11	DD particulars	DD. No. Date: Amount:
12	<u>Address for communication:</u> <div></div>	

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

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 31.03.2025:

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 4<sup>th</sup> Class to 10<sup>th</sup> 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**

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**

**COMBINED NOTIFICATION-2025**

**CHECK LIST FOR SCREENING OF APPLICATION AND ISSUE OF  
ACKNOWLEDGEMENT**

S. No	Details of the Candidate	
1	Name of the Candidate	
2	Application Number	
3	Post Applied for	
4	Demand Draft Details of applicants	
<b>Self Attested copies of certificates to be enclosed to the filled application</b>		
1	SSC OR its equivalent certificate (for Date of Birth)	YES/NO
2	Pass certificate of Technical qualifications prescribed for the post Concerned.	YES/NO
3	Marks memo so fall years of qualifying examination or its equivalent.	YES/NO
4	Valid certificate of Registration in A.P. Paramedical Board/Allied Health Care sciences /any other Council constituted under the relevant rules for specific courses where ever applicable.	YES/NO
5	Study Certificates from IV to X	YES/NO
6	Copy of valid Caste certificate	YES/NO
7	Latest EWS certificate issued by the competent authority.	YES/NO
8	Certificate of Disability issued by the SADAREM	YES/NO
9	Service Certificate	YES/NO
10	Any Other Certificates as relevant and applicable	

**Signature of the Clerk**

**Signature of the Candidate**

.....**CUT HERE**.....

**ACNOWLEDGEMENT**

**Received Application from..... S/o/ D/o.....**

**Application Number .....on, who applied to the post of ..... ..**

**..... Under Combined Recruitment 2025 of Erstwhile East Godavari District.**

**O/o Government Medical College,  
Rajamahendravaram.**

**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:**

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.
2. The self attested copy of Bank Statement of remuneration received for above service must be enclosed.

**APPENDIX-I**  
**CERTIFICATE OF RESIDENCE**

(Vide Sub-Clause (ii) of Clause (a) para 7 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	Mandal	District	Period
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Station: OFFICE SEAL  
Date:

**Officer of Revenue Department not below the  
rank of Tahsildhar or Deputy Tahsildhar in  
independent Charge of a Sub Taluk**

\*Strike off 'whole' 'apart', as the case may be.