

**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:** 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.

**GOVERNMENT OF ANDHRA PRADESH**  
**HM&FW Department (Director of Secondary Health)**  
**(Notification No: 01/2025, Dated: .05.2025)**  
**Recruitment to the various posts to work on contract**  
**basis/Outsourcing basis in Govt. Health facilities**

Application for the Post of:

Affix Pass port  
size latest colour  
photograph

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 weightage for Contract / Outsourcing service (enclose contract / outsourcing service certificate)	Yes /No
7	Whether Physically Handicapped (VH/HH/OH/Autism) (SADAREM Certificate to been closed)	
8	Whether claiming EWS reservation (copy of the certificate enclosed)	
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	DD particulars	DD.No.                      Date:                      Amount:

13	<u>Address for communication:</u>
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**Marks obtained in the requisite Academic / Professional /Technical qualification**

Qualification	MaximumMarks	Marks obtained	Year of passing (Month & Year)	Whether registered inrespective council (Yes/No)

**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		

**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 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 a later date, my candidature will be forfeited summarily.

Signature of the applicant

**:: CHECK LIST ::**

<b>Sl. No.</b>	<b>Enclosure</b>	<b>Status</b>
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-service men / 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 passport size photograph of the applicant was affixed with attestation	Yes/No
13	Demand draft drawn in favor of District Co-Ordinator of Hospital Services, Chittoor was enclosed	Yes/No

**Signature of the applicant**