### GOVERNMENTOFANDHRAPRADESH COMBINED NOTIFICATION -1

### **HEALTH MEDICAL & FAMILY WELFARE DEPARTMENT**

CONCERNED SRI VENKATESWARA MEDICAL COLLEGE
TIRUPATI/ S V R R GENERAL HOSPITAL TIRUPATI /
GOVERNMENT MATERNITY HOSPITAL TIRUPATI / SRI
PADMAVATHAMMA GOVERNMENT COLLEGE OF NUSRING
TIRUPATI and GOVERNMENT SCHOOL OF NURSING
TIRUPATI ON CONTRACT/OUT SOURCING BASIS

#### PRO-FORMA FOR SERVICE CERTIFICATE

This is to certify that,
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	Period			Reasons for break	Charges /allegations
	(or) Covid-19	From	То	Duration	in service (if any)	/adverse remarks if any

#### 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 PRINCIPAL/SUPERINTENDENT
anyother competent District Authority
who appointed the applicant)

<u>Imp. Note</u>: The self attested copy of appointment order must be en-closed along with this service certificate, otherwise weightage for Contract/ Outsourcing/honorary service will not be considered for merit.

#### GOVERNMENTOFANDHRAPRADESH

## SRI VENKATESWARA MEDICAL COLLEGE TIRUPATI / S V R R GOVERNMENT GENERAL HOSPITAL, GOVERNMENT SCHOOL OF NURSING, GOVERMENT MATERNITY HOSPITAL, and

### SRI PADMAAVATHAMMA GOVT. COLLEGE OF NURSING TIRUPATI.

	ruitment to the various posts to work lth facilities	on contract ba	asis/Out Sourci	ing basis in Gov
	plication for the Post of : plication No.(to be filled by the office)			Affix Pass port size latest Colour photograph
1	Name of the Candidate			
2	Gender			
3	Fathers Name / Husband 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 enclosed)			
9	Whether Ex-Servicemen (enclose Service Certificate)	Yes / No		
10	Mobile number of the applicant			
11	DD particulars	DD.No.	Date:	Amount:

	Addres	s for commu	ınication:						
12									
		Marks	obtained in th	he requisit	- Δ α α ά	lemic /	Drofe	esional /	
<u>Marks obtained in the requisite Academic / Professional /</u> <u>Technical qualification</u>									
				<u>-</u>					
								Whathar	registered in
	Omalif	ication	Maximum	Maximum Marks Year of passing		ssing	Whether registered in respective council		
	Quain	ication	Marks	obtained	(Mo	nth & Y	Year)	ar) (Yes/No)	
									, ,
	Details	of Contract	 /Outsourcing	 x/Honorar	 i11m se	rvice a	s on	.12.2	024.
	Jetano	or contract,	- Catoda cing	•	rain sc	or vice a	5 011.	.12.2	
				Urban					Service
	, nt			/Rural /				otal	certificate
Sl.		ame of the	1 '	Tribal(or) Covid-19	From		4 -	riod ars–	issued by the
No	11	istitution	Sourcing	Covid-19	FIOIII	10	1 '	nths–	competent authority
								ays)	enclosed
								-5 -7	(yes/no)
	1	60114	1: C 41	thou	1 oth c	\ <u>\</u>	1	1 4 4 )	
Ī	vetails_	or School st	udies from 4¹	"Class to	10011	uass (ic	or loca	<u>u</u> status)	:
Sl.	Cla	Year of	Name of the School Town and			ınd			
No	SS	passing		manic of the School				Distri	
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/odo
hereby declare that, above particulars furnished	ed by me are true to the best of my
knowledge. I agree that in the event of any o	f the details furnished above being
found to be incorrect or false at a later date	e, my candidature will be forfeited
summarily.	

Signature of the applicant

# ::CHECKLIST::

S.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-service men / women in armed forces certificate (if applicable)	Yes/No
6	Study certificates from Class-IV to X where the candidate studied.	Yes/No
7	Marks memos of all the years of qualifying examination	Yes/No
8	Provisional/Permanent certificate of qualification	Yes/No
9	Permanent registration certificate of A.P.Para Medical Board/other concerned Council related to the post.	Yes/No
10	Service certificate issued by the concerned government departmental institution head (if applicable)	Yes/No
11	Latest passport size photograph of the applicant was affixed with attestation	Yes/No
12	Online Transaction Receipt of Application fee drawn in favour of College Development Society, S.V. Medical College, Tirupati enclosed	Yes/No