



GOVERNMENT OF ANDHRA PRADESH
HEALTH, MEDICAL & FAMILY WELFARE DEPARTMENT
DIRECTORATE OF SECONDARY HEALTH,
Notification No: 01/2026, Dated: 10.06.2026

WALK-IN-RECRUITMENT FOR THE POST OF CIVIL ASSISTANT SURGEON SPECIALISTS / CIVIL ASSISTANT SURGEON (GENERAL) IN SECONDARY HEALTH HOSPITALS UNDER THE CONTROL OF DCHS, VIZIANAGARAM (ERSTWHILE) DISTRICT.

APPLICATION FOR THE POST OF: CAS Specialty (_____) / CAS GENERAL

1. Name of the candidate :

2. Father's name :

3. Date of birth (as per SSC) :

4. Social status :

5. UNIC ID (Aadhar) :

6. Details of school study :

Affix latest pass
port size
photo

CLASS	Name of the School	Town/Village	District	State
IV				
V				
VI				
VII				
VIII				
IX				
X				

7. Disability if any :

a. Type of disability : VH/HH/OH/MR/Multiple disorders

b. Percentage of disability :

8. Whether claiming EWS : Yes / No
9. Whether claiming Ex-serviceman : Yes / No
10. Permanent address :

11. Mobile Nos. (Whatsapp No. mandatory) :
12. Email id :
13. Medical Educational Details :

Sl. No.	Qualification PG Degree /PG Diploma/DNB/ MBBS(for CAS General Candidates)	Name of the University and Address	Marks		Percentage of marks
			Maximum	Obtained /Grade	
1					
2					
3					
4					

14. Month and Year of passing Qualifying exam :
15. Whether registered with AP Medical Council : Yes/ No

a. Registration No. _____

b. Valid upto _____

16. Copies of the certificates enclosed.

a	Filled in application form, duly signed by the candidate.	Yes/No
b	SSC certificate or its equivalent (proof of Date of Birth).	Yes/No
c	Certificate of P.G. Degree/P.G. Diploma/DNB/MBBS	Yes/No
d	Marks Memos of all years of P.G. Degree/ P.G. Diploma/ DNB/MBBS	Yes/No
e	A.P. Medical Council Registration Certificate.	Yes/No
f	Internship certificate for CAS General	
G	Study certificates from classes 4 th to 10 th .In case of private study, local candidature certificate for the seven years period preceding to10 th class in the prescribed proforma from the Tahsildar concerned in prescribed proforma vide Sub clause (ii) of clause (a) of para 7 of the Presidential Order (proforma is herewith enclosed). Candidates migrated from Telangana state shall submit certificate of local candidature as per G.O.Ms.No. 132 & 133, dt.13.06.2017. In absence of the suitable certificate, the candidate will be considered as non-bcal and he/she would be considered for contract appointment only.	Yes/No
H	Social status including valid EWS certificate issued by the competent authority, in absence of which candidate will be considered as open category. If communal reservation is claimed under any category, the same candidate will not be considered for EWS reservation.	Yes/No
I	Certificate of disability issued in SADAREM in case of orthopedically disabled.	Yes/No
j	EX-service man certificate as applicable.	Yes/No
k	Contract Service certificate in the specialty concerned from the controlling officer concerned i.e., DM&HO / DCHS/ Superintendent of GGH/ Principal (for the period after completion of PG degree).	Yes/No

18. **UNDER TAKING:**

- a. I hereby declare that I will abide to the conditions, rules and regulations stipulated by the department regarding the post of CAS Specialist/CAS General
- b. The information furnished above is true to the best of my knowledge.
- c. I am also aware that I am liable for any action that may be taken against me if the information furnished by me is found to be fake /false / fabricated at a later date, including criminal action as per rules in vogue. Also, the appointment obtained through such false claim will be terminated without any notice.

Place :

Date :

SIGNATURE OF THE APPLICANT

ANNEXURE - I
CONTRACTUAL SERVICE CERTIFICATE

(to be issued by the controlling officer concerned DM&HO / DCHS / any other competent authority)

This is to certify that Dr. _____, S/o, D/o _____ has been working / worked as _____ at _____ on contract basis with the financial concurrence of the Government. The details of his/her service as on _____-06-2026 are as follows:

Name of the Institution	Type of area (Tribal/ Rural / Urban/ COVID)	Working Period		Reasons for breaking service if any	Whether there is financial concurrence for recruitment	Allegations / Adverse remarks if any
		From	To			

ABSTRACT

SN	Particulars	Period (No. of Months)	Office use only
1	Urban		
2	Rural		
3	Tribal		
4	Covid19		

I hereby declare that,

1. His/ her services as Medical Officer during the contract period are satisfactory.
2. He/ she is appointed as CAS on contract basis through DSC or appropriate authority.
3. He/she does not have any adverse remarks from his/ her superiors.
4. He / She is eligible weightage under contract as per the rules.

Station:

Date :

SIGNATURE OF CONTROLLING OFFICER
(DM&HO / DCHS / ANY OTHER
COMPETENT AUTHORITY)