



GOVERNMENT OF ANDHRA PRADESH
DIRECTOR OF SECONDARY HEALTH (formerly APVVP)
HEALTH MEDICAL & FAMILY WELFARE DEPARTMENT

NOTIFICATION NO.01/2026, DATED: 30.06.2026

Recruitment of supporting staff in Directorate of Secondary Health Hospitals
under the control of the District Co Ordinator of Hospital Services, Palnadu District

APPLICATION FORM

Application for the Post of:	<input style="width: 95%; height: 30px;" type="text"/>	Affix Passport size latest Colour photograph
Application No. (to be filled by the office)	<input style="width: 80%; height: 30px;" type="text"/>	
S. No.	Particulars	Remarks
1.	Name of the Candidate (Block Letters)	
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 Outsourcing service (enclose outsourcing service certificate)	Yes /No
7.	Whether Physically Handicapped (VH/HH/OH) (SADAREM Certificate to be enclosed)	Yes /No
8.	Whether claiming EWS reservation (copy of the certificate to be enclosed)	Yes /No
9.	Whether Ex-Servicemen (enclose Service Certificate)	Yes /No
10.	Mobile number of the applicant & Email Id	
11.	DD particulars/ Bank Transaction Details	DD. No.: Date: Amount: Or Transaction Reference Number:
12.	<u>Address for communication:</u>	

Marks obtained in the requisite Academic / Technical qualification:

Qualification	Maximum Marks	Marks Obtained	Year of passing (Month & Year)

Details of Outsourcing/Honorarium service as on 30.06.2026:

S. No.	Name of the Institution	Out sourcing	Urban/Rural / Tribal (or) Covid-19	Period of service		Total period (YY-MM-DD)	Service certificate issued by the competent authority enclosed (yes/no)
				From	To		

Details of School studies from 4thClass to 10thClass (for local status):

S. No.	Class	Year of passing	Name of the School	Town	District
1.	IV				
2.	V				
3.	VI				
4.	VII				
5.	VIII				
6.	IX				
7.	X				

:: CHECK LIST ::

Sl. No.	Enclosure	Status (Yes/No)
1.	Marks memo of SSC (or) equivalent certificate	
2.	Latest caste certificate (in case of SC/ST/BC)	
3.	Valid EWS (Economically Weaker Sections) certificate issued by the competent authority in case of EWS categories	
4.	Valid physically handicapped certificate issued in SADAREM.	
5.	Ex-service men/women in armed forces certificate (if applicable)	
6.	Sports claiming (if applicable)	
7.	Study certificates from Class - IV to X where the candidate studied.	
8.	Service certificate issued by the concerned government departmental institution head if applicable	
9.	COVID-19 Service certificate issued by the concerned government departmental institution head if applicable	
10.	Latest pass port size photograph of the applicant was affixed with attestation	
11.	Demand draft drawn in favour of District Co-Ordinator of Hospital Services, Palnadu District was enclosed	

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

⌘ CUT ⌘

ACKNOWLEDGEMENT RECEIPT

Received the application of Smt/Kum/Sri _____ D/o
or S/o or W/o _____ for the post of _____ Application
No _____ Date _____.

Office Stamp/Seal

Signature of Receiving Authority,
O/o DCHS, Palnadu District.

GOVERNMENT OF ANDHRA PRADESH
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 Smt/Kum/Sri _____ S/o
or D/o or W/o _____ has been working/worked as
_____ in PHC /CHC/AH/DH/GGH or any other AP State
Institution at _____ On Out-Sourcing/Honorarium basis with
concurrence of Finance Department, Government of AP.

Details of his/her Out-Sourcing service as on the date of notification are as follows:

Name of the institution	Urban/ Rural/ Tribal (or) Covid 19	Period		Duration (YY-MM-DD)	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 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 Out-sourcing/Honorarium service.
3. He/she is eligible for 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 Outsourcing/honorary service will not be considered for final merit.



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OFFICE USE ONLY – DOCUMENT VERIFICATION CHECK LIST

(The Check list should be submitted in two (02) copies, one copy will be returned to the applicant as an acknowledgement)

Name of the Candidate (Block Letters):	
Application No: (Will be allotted at the time of submission of Application)	
Post Applied for	
Demand Draft/Bank Transaction Number:	
Mobile Number & Email Id:	

Candidates should enclose Self Attested documents/certificates in the following order:

Sl. No.	Office Check List	Verification Remarks
1.	Application Form duly filled in all aspects and signed by the candidate	Yes/No
2.	Latest Passport Size Photograph affixed and self-attested	Yes/No
3.	SSC / 10th Class Marks Memo enclosed and Date of Birth verified	Yes/No
4.	Latest Community Certificate enclosed (SC/ST/BC, if applicable)	Yes/No
5.	Valid EWS Certificate enclosed (if applicable)	Yes/No
6.	Latest SADAREM Disability Certificate enclosed (if applicable)	Yes/No
7.	Ex-Servicemen Certificate enclosed (if applicable)	Yes/No
8.	Sports Certificate issued by competent authority enclosed (if applicable)	Yes/No
9.	Study Certificates from Class-IV to X enclosed	Yes/No
10.	Residence Certificate enclosed (where Study Certificates are not available)	Yes/No
11.	Service Certificate issued by competent authority enclosed for claiming service weightage marks (if applicable)	Yes/No
12.	Demand Draft drawn/Bank Transaction copy in favour of District Coordinator of Hospital Services, Palnadu enclosed	Yes/No
13.	Self-attested copies of all certificates enclosed	Yes/No
14.	Age verified as per notification conditions	Yes/No
15.	Educational qualification verified as per recruitment rules	Yes/No
16.	Reservation category verified	Yes/No
17.	Service weightage verified and found eligible (if applicable)	Yes/No
18.	Application found COMPLETE / INCOMPLETE	COMPLETE/ INCOMPLETE
19.	Candidate found ELIGIBLE / NOT ELIGIBLE for consideration	ELIGIBLE/ NOT ELIGIBLE

Signature of the applicant

ACKNOWLEDGEMENT

Application is received from the applicant along with the above-mentioned documents/enclosures on ____/2026.

Signature of Receiving Authority,
O/o DCHS, Palnadu District.

CERTIFICATE OF RESIDENCE

(Vide Sub-Clause(ii) of Clause (a) para 7 of the Presidential order) It is here by certified, that Sri/Srimathi/Kumari_____ S/o or W/o or D/o_____ appeared for the first time for the matriculation(S.SC) Examination in (month) _____year_____.

- (a) 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 afore said examination;
- (b) That in the 4 years immediately preceding the commencement of the afore said examination, he/she resided in the following place/places namely,

S. No.	Village	Mandal	District	Period
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Station:

OFFICE SEAL

Date:

Officer of Revenue Department
not Below the rank of Tahsildar or Deputy
Tahsildar in independent
Charge of a sub-Tahsildar