

**GOVERNMENT OF ANDHRA PRADESH
DIRECTORATE OF SECONDARY HEALTH NOTIFICATION
HEALTH MEDICAL & FAMILY WELFARE DEPARTMENT**

(Notification No: 02/2026.Date:29-06-2026)

Recruitment to the various posts to work on Out Sourcing basis in Govt. Health facilities under the control DSH Hospitals in East Godavari District.

Application for the Post of : Application No.(to be filled by the office)	Affix Pass port size latest color photograph
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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 enclosed)	
9	Whether Ex-Servicemen (enclose Service Certificate)	Yes /No
10	Mobile number of the applicant	
11	DD particulars	DD.No. Date: Amount:
12	<u>Address for communication:</u>	

Marks obtained in the requisite Academic / Professional / Technical qualification

Qualification	Maximum Marks	Marks obtained	Year of passing (Month & Year)	Whether registered in respective council (Yes/No)

Details of Contract/Outsourcing/Honorarium service as on 31.05.2026:

Sl. No	Name of the Institution	Contract / Outsourcing	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 4thClass to 10thClass (for local status):

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

CHECK LIST

Sl. 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	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	Payment acknowledgement / Demand Draft enclosed	Yes/No

Signature of the applicant

DECLARATION

I, Smt/Kum/Sri.....D/o or S/o or W/odo 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