

GOVERNMENT OF ANDHRA PRADESH

Secondary Health Department:: Srikakulam

(Notification No:02 /2026, Date: 04.07.2026)

**Recruitment to the various posts to work on contract basis/Out Sourcing basis in DSH
Hospitals in SRIKAKULAM DISTRICT**

Application for the Post of :

Affix Passport size
latest colour
photograph

Application No. (to be filled by the office)

1	Name of the Candidate	
2	Gender	
3	Father 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 be enclosed)	
8	Whether Ex- Servicemen (enclose Service Certificate)	Yes / No
9	Mobile number of the applicant	
10	DD particulars	DD.No. Date: Amount:
10	<u>Address for communication:</u>	

:: 02 ::

Marks obtained in the requisite Academic/Technical qualification

Name of the academic /technical education	Total Marks	Secured marks	Year of passing (Month & Year)	Whether registered in respective council (Yes / No)

Contract / Outsourcing working details if any as on .08.2023:

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 4th Class to 10th Class (for localstatus):_____

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

DECLARATION

I, Smt/Kum/SriD/o, S/o..... do hereby declare that, above particulars furnished by me are true to the best of my knowledge and also hereby 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 & mobile number
of the applicant**

Note: Applications received without proper enclosures will summarily be rejected.

APPENDIX-I

CERTIFICATE OF RESIDENCE

(Vide Sub-Clause (ii) of Clause (a) para 7 of the Presidential Order)

It is hereby certified.

(a) That Sri/Srimathi/Kumari _____

S/o W/o, D/o _____ appeared for the first time for the matriculation(S.SC) Examination in _____ (month) _____ year;

(b) That he/she has not studied in any educational institution during the whole a part of the 4 consecutive academic years ending with the academic year in which he/she first appeared for the aforesaid examination;

(c) That in the 4 years immediately preceding the commencement of the aforesaid examination, he/she resided in the following place/places namely, _____

Village	Taluk	District	Period
1.			
2.			
3.			
4.			

Station:

OFFICE SEAL

Officer of Revenue Department not below the rank of Tahsildhar or Deputy Tahsildhar in independent charge of a Sub Taluk

Date:

Date: _____

*Strike off 'whole' ' a part' , as the case may be

GOVERNMENT OF ANDHRA PRADESH

A.P VAIDYA VIDHANA PARISHAD :: Srikakulam DISTRICT

(NOTIFICATION NO::01/2023, Dated:03.11.2023)

Contract / Outsourcing Service Certificate

(Certificate to be issued by the Controlling Officer concerned DM&HO/DCHS/any other Appointing Authority)

This _____ is to certify that, _____ S/o, D/o _____ has been working as _____ (name of the post) in PHC/CHC/AH/DH/GGH/or any other AP State Institution at _____ on **Contract / Out-Sourcing basis** with the Financial concurrence of the Government of AP /the details of his/her **Contract / Out-Sourcing service** as on **.02.2022** are as follows:

Name of the institution	Urban/ Rural/ Tribal (or) Covid-19	Working /worked Period		Reasons for break in service (if any)	Whether there is financial concurrence for appointment (Yes / No)	Charges /Allegations /Adverse Remarks if any
		From	To			

I hereby declare that:

- 1.His /her services as _____ on Contract /Out-sourcing basis during the above said period are satisfactory.
3. He /she does not have any adverse remarks from his superiors during the period of Contract / Out-sourcing service as Staff Nurse.
4. He /she is eligible for Contract / Out-sourcing Service Weightage as per the rules published in the notification.

Station:

Date:

Signature & Seal of the Controlling Officer
(DMHO/DCHS/any other competent District
Authority who appointed the applicant)

Imp.Note: The attested copy of appointment order must be enclosed along with this service certificate, other wise the weightage for Contract / Outsourcing service will not be considered for final merit.