

**GOVERNMENT OF ANDHRA PRADESH  
GOVERNMENT GENERAL HOSPITAL VIJAYAWADA, KRISHNA DISTRICT  
RECRUITMENT TO VARIOUS POSTS SANCTIONED IN No. 140,141 HM & FW ,  
DEPARTMENT, DATED: 17.11.2021**

Application for the post of: \_\_\_\_\_

Registration No: \_\_\_\_\_  
(To be filled by Office)

Paste latest Passport  
size photograph and  
sign across it

1.	Name of the candidate									
2. a	Name of the Father									
2. b	Name of husband / Wife (if married)									
3.	Gender (M/F/TG)									
4.	Date of Birth									
5.	Social Status (Please Tick) (The candidates claiming reservation under EWS should produce income certificate issued by the concerned Tahsildar)	OC	BC - A	BC - B	BC- C	BC- D	BC- E	SC	ST	EWS
6. a	Whether Physically Handicapped (Please tick)	YES / NO								
6. b	If yes please mention the category (Please tick) SADAREM certificate to be enclosed	VH / HH / OH / Autism								
7.	Whether claiming reservation under Ex-servicemen Quota (Service Certificate to be enclosed)	YES / NO								
8.	Whether claiming reservation under Sports Quota (Certificate issued by the DSA to be enclosed)	YES / NO								
9.	Whether claiming service weightage for Contract / Outsourcing service (Service Certificate issued by the controlling officer to be enclosed)									
10.	D.D Particulars									

**DETAILS OF SCHOOL EDUCATION:**

CLASS	YEAR OF PASSING	NAME OF THE SCHOOL AND PLACE OF STUDY	DISTRICT
IV			
V			
VI			
VII			
VIII			
IX			
X			

- STUDY CERTIFICATES FROM IV TO X SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON LOCAL.

**MARKS OBTAINED IN THE REQUISITE ACADEMIC / TECHNICAL QUALIFYING EXAMINATION**

Qualifying Examination	Year of Passing	Total Marks	Marks Obtained	% of Marks obtained

**CONTRACT AND OUTSOURCING SERVICE DETAILS**

Sl.No.	Name of the Institution where rendered service	Contract / Outsourcing	Urban / Rural / Tribal / COVID-19	Period of Service		Total Period of Service	Service Certificate issued by Whom
				From	To		

**ADDRESS FOR COMMUNICATION:**

**DECLARATION BY THE CANDIDATE**

I, Sri / Smt / Kum. \_\_\_\_\_ D/o, S/o \_\_\_\_\_  
certify that above particulars furnished by me are correct to the best of my knowledge. I also agree that in the event of any of the particulars furnished in my application being found to be incorrect or false at later date my candidature may be cancelled summarily.

SIGNATURE OF THE CANDIDATE

Mobile Phone No:

Email ID:

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

**GOVERNMENT OF ANDHRA PRADESH**  
**GOVERNMENT GENERAL HOSPITAL VIJAYAWADA, KRISHNA DISTRICT**  
**CONTRACT / OUTSOURCING SERVICE CERTIFICATE**

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

(Notification No. \_\_\_\_\_)

This is to certify that \_\_\_\_\_ S/o,  
D/o \_\_\_\_\_ has been working / had worked as

(Name of the Post) \_\_\_\_\_ at (Place of working)

\_\_\_\_\_ on **Contract / Outsourcing** basis with the  
financial concurrence of the Government of Andhra Pradesh. The details of his / her **Contract /  
Outsourcing** service as on 30.11.2021 are as follows.

Name of the Institution	Urban / Rural / Tribal / COVID-19	Period of Working		Reasons for break to 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 during Contract / Outsourcing period are satisfactory.
2. He / She does not have any adverse remarks during the above period of service rendered.

Station: \_\_\_\_\_

Date: \_\_\_\_\_

Signature & Seal of the Controlling Officer  
(DM&HO / DCHS / Any other Appointing Authority)