

**GOVERNMENT OF ANDHRA PRADESH
HEALTH MEDICAL & FAMILY WELFARE DEPARTMENT
DIRECTOR OF MEDICAL EDUCATION
COMBINED RECRUITMENT Dr. Yellapragada Subba Rao GOVERNMENT MEDICAL
COLLEGE/GOVERNMENT GENERAL HOSPITAL, ELURU
RECRUITMENT TO THE VARIOUS POSTS TO WORK ON CONTRACT/OUTSOURCING BASIS
IN GOVERNMENT MEDICAL COLLEGE/GOVERNMENT GENERAL HOSPITAL, ELURU**

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|---|--|--|
| Application for the Post of: | | Affix Passport size latest color photo |
| Application No.(to filled by the office): | | |

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| Application for the Post of: | | Affix Passport size latest color photo |
| Application No.(to filled by the office): | | |

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| Application for the Post of: <div style="border: 1px solid black; width: 450px; height: 40px; display: inline-block;"></div> | Affix Passport size latest color photo |
| Application No.(to filled by the office): | |

| | | |
|----|---|----------------|
| 1 | Name of the Candidate | |
| 2 | Gender | |
| 3 | Father's Name | |
| 4 | Date of Birth(DD-MM-YYYY) | |
| 5 | Social Status (OC/OC-EWS/SC (Group-I)/SC(Group-II)/ SC(Group-III)ST/BC-A,B,C,D,E) | |
| 6 | Whether claiming for service weightage for Contract/Outsourcing service(enclose original contract/out sourcing service certificates alongwith appointing order copies.) | |
| 7 | Whether Physically Handicapped (VH/HH/OH/MI) (SADAREM Certificate to be enclosed) | |
| 8 | Whether claiming EWS reservation (Copy of the Latest EWS certificate(F.Y 2025-26 enclosed) | |
| 9 | Whether Ex-Servicemen (enclose Service Certificate) | |
| 10 | Mobile number of the applicant | |
| 11 | DD(Demand Draft) particulars | DD NO: Amount: |
| 12 | Address for communication: Email.ID: | |

13.Marks obtained in the requisite Academic/Professional/Technical qualification:

| Sl.No | Qualification | Maximum Marks | Marks obtained | Year of passing (Month & Year) | Whether registered in respective council (Yes/No) |
|-------|---------------|---------------|----------------|--------------------------------|---|
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14.Details of Contract/Outsourcing/Honorarium service as on 30.04.2025:

| Sl.no | Name of the Institution | Contract/Out sourcing | 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 | | |
| | | | | | | | |
| | | | | | | | |
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15.Details of School studies from 4th class to 10th class (For Local Status):

| Sl.no | Class | Year of Passing | Name of the School | Town and District |
|-------|-------|-----------------|--------------------|-------------------|
| 1 | IV | | | |
| 2 | V | | | |
| 3 | VI | | | |
| 4 | VII | | | |
| 5 | VIII | | | |
| 6 | IX | | | |
| 7 | X | | | |

DECLARATION

Smt/Kum/Sri.....D/o or S/o or
W/o do hereby declare that, above particulars furnished by me are true to the
bests 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 fortified summarily.

Signature of the applicant

ACKNOWLEDGEMENT

The application received for the Post of _____

In Notification No. 01/A2/GMCE/2025, dt. .05.2025 under the control of Government Medical College & Government General Hospital, Eluru(DME Control) on Contract/Outsourcing Basis for a Period of One Year.

The application registration No. is _____

Of Sri/Smt. _____ D/o/S/o _____

Date:

Signature