### <u>:: 1 ::</u>

### GOVERNMENT OF ANDHRA PRADESH

O/O DISTRICT MEDICAL AND HEALTH OFFICER, ANANTHAPURAMU

(Notification No: 12/2021, Date:06.12.2021)

Recruitment of the Post of Pharmacist Gr-II to work on contract Basis under NHM to work in Dr YSR Health Clinics in Ananthapuramu District

App	olication for the Post of :		Affix Passport size latest colour photograph
Арр	lication 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/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 tobe enclosed)		
8	Whether claiming reservation under Sports Quota (enclose Eligibility Certificate)	Yes / No	
9	Whether claiming reservation under Ex-Servicemen quota (enclose Service Certificate)	Yes / No	
10	Whether claiming reservation under EWS category (enclose EWS certificate)	Yes / No	
11	Mobile number of the applicant		
12	Address for communication:	J	

### :: 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 AP Pharmacy council (Yes / No) Council Registration No and Date

Contract / Outsourcing working details if any as on 20.11.2021:

SI N o	Name of the Institution	Contract/ Outsourcing	Urban / Rural / Tribal	Period (	of service	Total period (Years- Months-Days)	Service certificate issued by the competent authority
			(or) Covid- 19	From	То		enclosed (yes /

## Details of School studies from 4<sup>th</sup> Class to 10<sup>th</sup> Class (for local status):

SI. 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	Х			

### **DECLARATION**

I, Smt/Kum/Sri	D/o, S/o	do
hereby declare that, above particulars furnished	l by me are true to th	ne best of
my knowledge and also hereby agree that in the	ne event of any of th	ne details
furnished above being found to be incorrect	or false at a later	date, my
candidature will be forfeited summarily.		

### <u>:: 3 ::</u>

# The following documents should be enclosed along with application form at the time of submission of application

	Name of the certificate
1	Filled in Application form (download from http://ananthapuramu.ap.gov.in).
2	SSC or its equivalent examination pass –cum-marks memo.
3	Intermediate or 10 + 2 examination pass-cum-marks memo.
4	D. Pharmacy /B. Pharmacy Marks List for all years
5	AP. Pharmacy Council Registration Certificate.
6	Latest Caste certificate issued by the Tahsildar concerned (mee seva).
	Study certificates from 4 <sup>th</sup> Class to 10 <sup>th</sup> Class (for local status). In case of
7	private study, the residence certificate obtained from the Tahsildar
′	concerned for consecutive 7 years prior to passing of SSC or its equivalent.
	The persons seeking the benefit of reservations under EWS category shall
	obtain the necessary EWS certificate issued by the Tahsildar concerned and
8	enclose along with application form. (as per G.O.Ms.No.73, GA(Ser-D) Dept.,
	Dt.04.08.2021.)
-	Physically Handicapped certificate (SADAREM Camp certificate) in case
9	of candidates claiming reservation under PH quota. (for all posts if
	applicable)
10	Relevant certificate in respect of candidates claiming Ex-Servicemen quota.
10	
	Prescribed Service Certificate (The candidates who are rendered services
	on contract / Outsourcing basis under earmarked Medical and Health
11	Department Govt., Institutions of / State and Central Govt., Schemes in
	the State of Andhra Pradesh, should enclose Service certificate duly signed
	by competent authority along with attested copies of appointment order for
	considering contract / outsourcing service weightage)
	Sports Quota: The eligible candidates must enclose relevant Eligibility
	Certificate issued by the Competent Authority for claiming reservation
12	under Sports Quota. (refer GO.Ms.No.74, YA,T&C(Sports) dept.,
	Dated:09.08.2012, GO.Ms.No.473, YA,T&C(Sports &YS) dept.,
	Dated:03.12.2018 & GO.Ms.No.7, YA,T&C(Sports&YS) dept.,
	Dated:07.03.2019)
	Demand Draft(DD) must be drawn in any Nationalized Bank in favor of
	"District Medical and Health Officer, Ananthapuramu" payable at
13	Ananthapuramu towards application fee.
	a)in case of OC category = Rs.300/- (Rupees three hundred only)
	b)in case of SC/ST/BC/EWS category = Rs.200/- (Rupees two
	hundred only) c)Physically challenged category = exempted

Signature	of	the	Can	didat	e
(Cell:				,	)

#### :: 4 ::

### **GOVERNMENT OF ANDHRAPRADESH**

#### **HEALTH MEDICAL AND FAMILY WELFARE, DEPARTMENT**

O/O DISTRICT MEDICAL AND HEALTH OFFICER, ANANTHAPURAMU

NOTIFICATION FOR FILLING UP OF THE POST OF PHARMACIST GR-II

(Notification No: 17/UPHC/DM&HO-ATP/2021, Date:06.12.202)

**Contract / Outsourcing Service Certificate** 

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

This is to ce			S/o,	D/o				
	has	been	working	as	<u>Pharm</u>	acist	Gr-II	in
PHC/CHC/AH/DH/GGH/o	r other	Institu	tion under	Med	ical and	Health	Departm	nent
at								<b>.</b>
on Contract / Out-So	urcing	<b>basis</b> w	vith the Fina	ancial	concurre	nce of	the	
Government of AP /the	details o	f his/he	r Contract	/ Ou	ıt-Sourci	ng serv	/ice	
as on <b>30.11.2021</b> are as	follows	:						

Name of the institution	Urban/ Rural/	Working / Period	worked	Reasons for break	le tinancial	Charges /Allegatio ns
	Tribal (or) Covid- 19	From	То	service		/Adverse Remarks if any

### I hereby declare that:

1.His /her services as	on
Contract /Out-sourcing basis during the above said period are	
satisfactory.	

- 2. He /she does not have any adverse remarks from his superiors during the period of Contract / Out-sourcing service as Staff Nurse.
- 3. He /she is eligible for Contract / Out-sourcing Service Weightage as per the rules published in the notification.

Signature & Seal of the Controlling Officer (DMHO/DCHS/ Principal GMC or 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, otherwise the weightage for Contract / Outsourcing service will not be considered.