

ANNEXURE- IV A

SELF DECLARATION BY INSERVICE CANDIDATES

(As per the Orders of the Hon'ble High Court of A.P., dt.23-09-2023 in W.P.Nos. 20919, 24829 & 24983 of 2023)

I, Dr. _____ Son/Daughter of _____ is in service and working as _____ under the administrative control of _____ I have put up the following service as on

15-09-2023.

- 1) Tribal Service - Years : Months Days
- 2) Rural Service - Years : Months Days
- 3) Continuous Regular Service - Years : Months Days

I do hereby declare that I do not have any Post Graduate (Medical) Degree or Diploma / I have a post graduate (Medical) degree/Diploma in (Specify the subject). I satisfy the definition of "In service candidate" as per sub-rule (2) of Rule 3 of **G.O.Ms.No.206 HM&FW(C1) Dept., dt.11-08-2022**. My Date of Birth is _____ and I will be having a leftover service of _____ as on 15-09-2023 to be eligible for deputation as In-service candidate. If this declaration is found to be incorrect and false, I am liable for action for submitting false declaration in addition to cancellation of admission into the Post Graduate course. I certify that the above information is true and correct.

Date:

Signature of the candidate

Name (in capitals):

Mobile Number:

Address:

ANNEXURE - IV B

**ELIGIBILITY SERVICE CERTIFICATE TO BE CONSIDERED FOR P.G. MEDICAL SELECTION
UNDER SERVICE QUOTA AS PER G.O.Ms.No.206, dt.11-08-2022 OF GOVERNMENT OF ANDHRA
PRADESH**

(As per the Orders of the Hon'ble High Court of A.P., dt.23-09-2023 in W.P.Nos. 20919, 24829 &
24983 of 2023)

SERVICE ELIGIBILITY CERTIFICATE

This is to certify that Dr. _____ Son/Daughter of _____ is an In-service candidate and working as _____ under the administrative control of _____. He/She is already having _____ P.G. (Medical) Degree/Diploma (Specify the specialty/If no information write Nil). He/She is eligible for selection into any P.G. (Medical) Degree or Diploma (Strike off the one not applicable) under service quota for admission into P.G. (Medical) Courses for the year 2023-24 as per orders of Govt. of AP vide **G.O.Ms.No.206, HM & FW (C1) Dept., dt. 11-08-2022**. His/Her date of birth is _____ and he/she is having the leftover service of _____ as on 15-09-2023.

SERVICE AS ON 15-09-2023:

| Type of Service | Place of Service | Service | | Total Period of Service (DD/MM/YY) |
|-------------------------------|------------------|-----------------|---------------|------------------------------------|
| | | From (DD/MM/YY) | To (DD/MM/YY) | |
| 1) Tribal Service | | | | |
| 2) Rural Service | | | | |
| 3) Continuous Regular Service | | | | |

Date:
Office Seal

Signature of concerned Department HOD with