

GOVERNMENT OF ANDHRA PRADESH
HEALTH MEDICAL AND FAMILY WELFARE

OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER, WEST GODAVARI,
ELURU

NOTIFICATION NO. 02/2017

RECRUITMENT OF CERTAIN POSTS ON CONTRACT BASIS FOR A PERIOD OF ONE
(1) YEAR IN RBSK- DISTRICT EARLY INTERVENTION CENTRE(DEIC).

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Applications are invited from the eligible candidates for recruitment of the for the post of Paediatrician (1), Medical Officer (1), Audiologist cum Speech Therapist (1), Dental Hygienist (1) , Staff Nurse (1) under RBSK-District Early Intervention Centre(DEIC) on contract basis for a period of one (1) year. Applications should be submitted to the District Coordinator- RBSK, O/o the District Medical and Health Officer, West Godavari, Eluru either in person (or) by Register post. The last date for receipt of applications are 27.12.2017. The details can be obtained at www.westgodavari.org

District Medical and Health Officer
West Godavari, Eluru

District Collector
West Godavari, Eluru

Vacancies

S.No	Name of the Cadre	Vacant
1	Paediatrician	1
2	Medical Officer	1
3	Audiologist cum Speech Therapist	1
4	Dental Hygienist	1
5	Staff Nurse	1

COMMITTEE FOR POSTS:

- a. District Collector - Chairman
- b. District Medical & Health Officer - Member-Convener
- c. District Coordinator of Hospital Services - Member
- d. Superintendent of Teaching Hospital - Member

(In Districts where teaching hospitals are located)

SELECTIONS WILL BE DONE BASED ON THE FOLLOWING CRITERIA:

The selection shall be made based on merit.

Merit list will be prepared based on the marks obtained with above criteria and displayed on website for transparency.

Selection list will be prepared from the finalized merit list duly following the rule of reservations and presidential order.

The department / District selection committee decision is final, its right and modify regarding terms/ conditions laid down in the notification for conducting the various stages up to selection.

The department / District selection committee decision is final, its right for cancellation of the recruitment in the various stages up to selection.

EDUCATIONAL QUALIFICATION:

Sl.No	Post	Remuneration	Educational Qualifications	Age Limit
1	Paediatrician	Rs.1,00,000/- PM	Pass in MBBS with PG Degree / Diploma in Paediatrics , Must Registered with AP Medical Registration	Maximum age 39 years for OC and 5 years relaxation for upper age limit for SC/ST/BC and 3 years for ex-service Men and 10 years for Physically Handicapped Persons up to a Maximum for 45 years. The maximum age shall be reckoned as on 01.07.2017
2	Medical Officer	Rs.30,000/- PM	Pass in MBBS or an equivalent qualification, Must Registered with AP Medical Registration	Maximum age 39 years for OC and 5 years relaxation for upper age limit for SC/ST/BC and 3 years for ex-service Men and 10 years for Physically Handicapped Persons up to a Maximum for 45 years. The maximum age shall be reckoned as on 01.07.2017
3	Audiologist cum Speech Therapist	Rs.25,000/ PM	Bachelor of Degree in Speech and Language Pathology from and recognized University.	Maximum age 38 years for OC and 5 years relaxation for upper age limit for SC/ST/BC and 3 years for ex-service Men and 10 years for Physically Handicapped Persons up to a Maximum for 45 years. The maximum age shall be reckoned as on 01.07.2017
4	Dental Hygienist	Rs.15,000/- PM	Dental Hygienist certificate from recognised by Dental Council India.	Maximum age 38 years for OC and 5 years relaxation for upper age limit for SC/ST/BC and 3 years for ex-service Men and 10 years for Physically Handicapped Persons up to a Maximum for 45 years. The maximum age shall be reckoned as on 01.07.2017
5	Staff Nurse	Rs.12,900/- PM	General Nursing & Midwifery Course from Govt/Recognizes Nursing institute and Must be registered in the AP Nursing Council.	Maximum age 38 years for OC and 5 years relaxation for upper age limit for SC/ST/BC and 3 years for ex-service Men and 10 years for Physically Handicapped Persons up to a Maximum for 45 years. The maximum age shall be reckoned as on 01.07.2017

HOW TO APPLY

- a. Candidates shall download the application form from the website and submit their filled in application forms along with the enclosures to the the District Coordinator- RBSK, O/o the District Medical and Health Officer, West Godavari, Eluru on or before last date of submission.
- b. The following documents are to be submitted in the following order only.

1.	Filled in application form
2.	Attested copy of marks memo of SSC (or) equivalent certificate
3.	Attested copies of Provisional Certificates, Internship Certificate and Permanent Registration of APMC for Doctors. Attested copies of Provisional Certificates and Permanent Registration of remaining posts if applicable.
4.	Attested copy of marks memos.
5.	Attested copy of latest caste certificate (if case of SC/ST/BC)
6.	Attested copies of study certificates from Class-IV to X where the candidate Studied.
7.	Attested copy of latest Physically handicapped certificate (if applicable)

**GOVERNMENT OF ANDHRA PRADESH APPLICATION FOR THE
POST OF _____ ON CONTRACT BASIS
UNDER THE CONTROL OF DM&HO, ELURU - W.G. DISTRICT**

Latest Passport
Size Photo with
self attestation

1. NAME OF THE APPLICANT :
(In Block letters as in SSC/
Equivalent Examination Certificate)

2. NAME OF THE FATHER/HUSBAND :

3. DATE OF BIRTH :
(As entered in SSC/Equivalent
Examination (Copy to be enclosed))

Date	Month	Year

4. AGE AS ON 01.07.2017 :

Year	Month	Date

5. SOCIAL STATUS :
(Attested copy of latest caste certificate
Issued by the Tahsildar concerned)

SC	ST	BC (with group)	Others

**6. Whether belongs to Physically Handicapped
: (latest certificate issued by Medical Board
to be enclosed)**

Yes / No

7. DETAILS OF SCHOOL (S) :

Sl..No	Class	Year of Passing	School & Place	District
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			
6	IX			
7	X			

8. EDUCATIONAL QUALIFICATION :

(Please enclose attested copy of relevant certificate of qualifying examination)

Qualification	Year of Passing	Name of the College & University	Marks	
			Maximum Marks In	Marks Obtained

9. Year of Completion after Degree/MBBS/MD ::
(Please enclose attested copy of relevant certificate)

10. Attested Copy of Council Registration if applicable ::
(Please enclose attested copy of relevant certificate)

Name of the Council Registration	Registration No.	Date of Registration	Last Date of Registration

11. Address for communication along with Mobile Number and Email ID ::

DECLARATION

I . _____ S/o / D/o _____ certified that the particulars given above are correct to the best of my knowledge and belief. I also agree that in the event of any of the particulars furnish in my application being found to be incorrect or false at a later date my appointment will be cancelled summarily.

SIGNATURE OF THE APPLICANT