

GOVERNMENT OF ANDHRA PRADESH
HEALTH MEDICAL AND FAMILY WELFARE

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

NOTIFICATION NO. 01/2018

RECRUITMENT OF CERTAIN POST OF CONSULTANT PSYCHIATRIST ON
CONTRACT BASIS FOR A PERIOD OF ONE (1) YEAR IN DISTRICT MENTAL
HEALTH PROGRAMME UNDER NATIONAL HEALTH MISSION.

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Applications are invited from the eligible candidates for recruitment of post of Consultant Psychiatrist (1), in District Mental Health Programme funded by the National Health Mission on contract basis for a period of one (1) year. Applications should be submitted to the District Medical and Health Officer, West Godavari, Eluru either in person (or) by Register post. The last date for receipt of applications are 27.04.2018. 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	Consultant Psychiatrist	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.	Job Title	Qualifications Essential	Desirable	Salary per month (in Rs)	Job Requirements /Responsibilities
1	Consultant Psychiatrist	MD in Psychiatry or equivalent degree from institution recognized by Medical Council of India	2 years experience of working as a specialist in a Hospital	1,00,000/-	A. To examine and manage health care needs of the mentally ill patients. B. To provide inpatient care to the mentally ill patients. C. To do periodic follow up of the mentally ill patients. D. To do the outreach activity/ plan and manage psychiatry clinics in PHCs/CHCs and other sites periodically. E. To refer completed cases to tertiary level hospitals. F. To impart training to the health personnel of CHC and PHC as per guidelines issued by National Mental Health cell.

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 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/ Degree Certificates, Internship Certificate and Permanent Registration of APMC for Doctors.
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 01.03.2018 :

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 of Higher Secondary(10+2)/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