

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 CIVIL ASSISTANT SURGEON POSTS ON CONTRACT BASIS FOR A PERIOD OF ONE (1) YEAR

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Applications are invited from the eligible candidates for recruitment of Civil Assistant Surgeons Posts 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 is 14.11.2017. The details can be obtained at www.westgodavari.org

District Medical and Health Officer
West Godavari, Eluru

District Collector
West Godavari, Eluru

Sl.No	Name of the Institution	No.of Vacancies
1	PHC, T.Hukumpeta	01
2	PHC, Kukkunuru(T)	01
3	PHC, Penugonda	01
4	PHC Tunduru	01
5	PHC, Pedakavaram	01
6	PHC, Bayyannagudem	01
7	PHC, Taduvayi	01
8	PHC, Tallapudi	01
9	CHC Achanta	02
10	CHC Penugonda	01
11	CHC Gopalapuram	01
12	CHC GOVT Juvinile School Eluru	01
Total		13

RECRUITMENT SCHEDULE:

1	Date of issuing Notification	07.11.2017
2	Last date for receipt of applications	14.11.2017

**COMMITTEE FOR CIVIL ASSISTANT SURGEONS
GRADE II :**

- 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.

Civil Assistant Surgeon : Out of a total of 100 marks, 90 marks shall be allotted against marks obtained in the qualifying exam i.e., Final MBBS (Part I & II) and 10 Marks against waiting period @ 1 Mark per each year of waiting after completing Course, subject to Max. Of 10 Marks.

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	Educational Qualifications	Age
1	Civil Assistant Surgeon	Pass in MBBS or an equivalent qualification as entered in the Schedule to the Indian Medical Council Act 1956 as subsequently amended, 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

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 & Health Officer 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 MBBS Marks memos of all years and Provisional Certificates. Internship Certificate and Permanent Registration of APMC.
4.	Attested copy of marks memo of MBBS
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) / Ex-Serviceman.
8.	Demand Draft for Rs.200/- in favour of DISTRICT MEDICAL & HEALTH OFFICER, WEST GODAVARI, ELURU. (SC, ST Candidates exempted)

ACKNOWLEDGEMENT

Received application from Sri/Smt/Kum _____ for application to the post of Pharmacist Grade II on _____ (Date) _____ (time). Copies of the following certificates are found.

1.	S.S.C or Equivalent examination	Yes / No
2.	Qualifying Examination Pass Certificate	Yes / No
3.	Marks memos of all the years (qualifying examination)	Yes / No
4.	AP Medical Registration certificate	Yes / No
5.	Latest Caste certificate issued by the Tahsildar/MRO concerned(in case of SC/ST/BC)	Yes / No
6.	Study certificate for the years from 4 th class to 10 th Class and in case of Private study residence certificate from the Tahsildar /MRO concerned	Yes / No
7.	PH certificate in respect of candidates Claiming reservation under PH Quota	Yes / No
8.	Relevant Certificates in respect of candidates claiming Ex Service man Quota	Yes / No
9.	1 Photographs duly pasted on the application form	Yes / No
10.	Acknowledgement Card	Yes / No
11.	Demand Draft for Rs.200/- in favour of DISTRICT MEDICAL & HEALTH OFFICER, WEST GODAVARI,ELURU.	Yes / No

Name, designation and Signature
of official receiving the application form

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

Latest Passport
Size Photo with
self attestation

Registration No.

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)

MBBS	Year of Passing	Name of the College & University	Marks	
			Maximum Marks in MBBS	Marks Obtained

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

10. A.P.Medical Registration No. ::
(Please enclose attested copy of relevant certificate)

11. Address for communication along with Mobile Number ::

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