

GOVERNMENT OF ANDHRA PRADESH
HEALTH MEDICAL AND FAMILY WELFARE

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

NOTIFICATION NO. 12-A/2018

RECRUITMENT OF CERTAIN POSTS ON CONTRACT BASIS FOR A PERIOD OF ONE
(1) YEAR IN NON COMMUNICABLE DISEASES (NCD)

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Applications are invited from the eligible candidates for recruitment of the for the post of Medical Officer(1), Consultant Medicine (1), Cardiologist (1), Specialists (3), Epidimologist (1) and Dental Hygienist(10) under Non Communicable Diseases (NCD) on contract basis for a period of one (1) year. Applications should be submitted to the Additional District Medical and Health Officer(A&L), West Godavari, Eluru either in person (or) by Register post. The last date for receipt of applications are **28.12.2018**. The details can be obtained at www.westgodavari.org

District Medical and Health Officer
West Godavari, Eluru

District Collector
West Godavari,Eluru

Name of the Programme : **Non Communicable Diseases (NCD)**

S.NO	Name of the Post	Vacant Posts
1	Consultant Medicine	1
2	Cardiologist	1
3	Specialists	3
4	Medical Officer	1
5	Epidimologist	1
6	Dental Hygienist	10

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:
Non Communicable Diseases (NCD):-**

Sl.No	Post	Educational Qualifications	Experience	Age Limit
1	Consultant Medicine	MBBS from institution recognized by Medical Council of India (MCI) Desirable: Diploma / Masters in Public Health / CHA	At least one year experience of working in Health Services / Public Health Programme in Non Communicable Diseases. Working Knowledge of operating computers and internet usage.	Up to 35 years. Retired Govt./Public Sector officers up to the age of 62 years are eligible to apply
2	Cardiologists	Cardiology/General Medicine Essential Qualification: Diploma in Cardiology / MD in Medicine or equivalent degree from institution recognized by Medical Council of India. Desirable : Specialised training in Cardiology or Endocrinology	At least 2 years experience of working as a specialist /super specialist in a hospital.	50 years.
3	Specialists	MD in General Medicine or equivalent degree from institution recognized by Medical Council of India.	At least 5 year experience of working in a Hospital Emergency Unit .	40 years.
4	Medical Officers	MBBS or equivalent degree from institution recognized by Medical Council of India.	At least 2 year experience of working in a Hospital.	40 years.
5	Epidimologists	MBBS degree from institution recognized by Medical Council of India. Desirable: Diploma / Masters in Public Health or MD/DNB in Preventive & Social Medicine/Community Medicine/ Community Health Administration/MBA (Health Care Administration).	At least 3-4 year's experience in Health Management/ Public Health Programme/ Health Services after obtaining post graduate degree/Diploma. Desirable: Experience in Non Communicable Disease control program/projects	: Up to 50 years. Retired Govt./Public Sector officers up to the age of 62 years are eligible to apply.
6	Dental Hygienist	i) 10+2 Science from Recognised Board ii) Diploma in Dental Technician/Dental Hygienist/Dental Mechanic Course from a Govt. recognized Institute iii) Registration with State Dental Council.	Two years of experience in a dental college/clinic	

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 Additional District Medical & Health Officer (A&L) ,O/o DM&HO, 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.
4.	Attested copy of marks memos under Graduate / Post Graduate
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.

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

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 01.12.2018 :

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 after Degree/MBBS/MD ::
(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 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