

GOVERNMENT OF ANDHRA PRADESH
HEALTH MEDICAL AND FAMILY WELFARE

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

NOTIFICATION NO. 03/2019

RECRUITMENT OF Specialists (OB&GY)POSTS ON CONTRACT BASIS FOR A
PERIOD OF ONE (1) YEAR IN CEMONC CENTERS IN WEST GODAVARI DISTRICT

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Walk-In- Interviews

The eligible candidates must attend Walk in Interview on 07.09.2019 at
11.00 AM at O/o District Medical & Health Officer, West Godavari, Eluru for
filling of Specialists (OB&GY) Posts on contract basis for a period of one (1) year in
CEMONC Centres, West Godavari Distrist.

District Medical and Health Officer
West Godavari, Eluru

District Collector
West Godavari, Eluru

RECRUITMENT SCHEDULE:

1	Date of Walk in interview	07.09.2019
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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	Educational Qualifications	Remuneration per month
1	Specialists (OB&GY)	Medical Graduate (MBB5) and MD Gynec or Diploma in OBG. The Candidate must be registered in the AP Medical Council as per the APMC Act.	Rs.1,10,000/-

- a. Candidates shall download the application form from the website and submit their filled application forms along with the enclosures to the District Medical & Health Officer on 07.09.2019 to Walk in Interview.
- 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 MD Gynec/Diploma in OBG Marks memos of all years and Provisional Certificates. Internship Certificate and Permanent Registration of APMC.
4.	Attested copy of marks memo of MD Gynec/Diploma in OBG
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 **Specialists (OB&GY)** 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 01.05.2018** :

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 PG /Diploma ::
(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