

జిల్లా వైద్య ఆరోగ్యశాఖాధికారి వారి కార్యాలయము , విశాఖపట్నం

రిక సంఖ్య. 964/E2/2024

తేది.03.12.2024

పత్రికా ప్రకటన

శ్రీ డైరెక్టర్, ఆరోగ్య మరియు కుటుంబ సంక్షేమ శాఖ & మిషన్ డైరెక్టర్, నేషనల్ హెల్త్ మిషన్ ఆధ్వర్యంలో, విజయవాడ వారి ఆదేశాలు అనుసరించి , జిల్లా వైద్య మరియు ఆరోగ్య శాఖ, విశాఖపట్నం వారి ఆధ్వర్యంలో విశాఖపట్నం లో గల పట్టణ ప్రాథమిక ఆరోగ్య కేంద్రముల యందు ఒక ఏడాది కాలమునకు పనిచేయుటకు గాను ఈ క్రింది తెలిపిన పోస్టులను, కాంట్రాక్ట్ మరియు ఔట్సోర్సింగ్ పద్ధతి పై మెరిట్ మరియు రిజర్వేషన్ ల ప్రకారము నియామకములు జరుపుటకు అనుమతించిన కారణముగా దరఖాస్తులు కోరడమైనది.

క్రమ సంఖ్య	పోస్ట్ వివరములు	ఖాళీల సంఖ్య	RoR (Roaster of Reservation)		Salary (Per Month)
1	Pharmacist Gr-II (contract)	02	OC	01	23,393/-
			OC(W)	01	
2	Lab Technician Gr-II (contract)	02	BC-D	01	23,393/-
			OC	01	
3	DEO (Data Entry Officer) (Outsourcing)	06	OC(W)	01	18,450/-
			SC(W)	01	
			OC	02	
			BC-A (W)	01	
4	LGS (Last Grade Service) (Outsourcing)	01	OC	01	15,000/-
			OC	01	

SI. No	Name of the post	Education qualification
01	Pharmacist Gr-II (Contract)	<ol style="list-style-type: none"> 1) Must possess SSC or its equivalent examination recognized by Govt. of A.P. 2) Pass in D.Pharma/ B.Pharma (or) 3) Intermediate vocational course in Pharmacy recognized by Government of AP. 4) Must be registered with the A.P. Pharmacy Council. 5) In case of candidate possess both D.Pharma and B.Pharma, the maximum percentage secured in any of the above shall be considered.
02	Lab Technician Gr-II (Contract)	<ol style="list-style-type: none"> 1) Must possess DMLT or B.Sc (MLT) 2) If Intermediate (VOC) with one year apprenticeship in Govt. Hospitals. 3) Must be registered in APPMB. 4) In case of candidate possess both DMLT and B.Sc MLT, the maximum percentage secured in any of the above shall be considered.
03	DEO - Data Entry Officer (Outsourcing)	<ol style="list-style-type: none"> 1) Must possess any Degree of any university or incorporated by or under a central act, provincial act or a state act and an institution recognized by University Grants Commission (or) it's equivalent 2) Must have PGDCA
04	LGS - Last Grade Service (Outsourcing)	<ol style="list-style-type: none"> 1) Must have pass SSC/10th class or its equivalent from a recognized board.

నోట్: సదరు పోస్టుల ఖాళీల సంఖ్య హెచ్చు తగ్గులు ఉండవచ్చునని తెలియ చేయడమైనది.

కావున ఆసక్తిగల అభ్యర్థుల <http://visakhapatnam.ap.gov.in> or
<http://visakhapatnam.nic.in> నందు ఉంచబడిన దరఖాస్తును నింపి తత్సంబంధిత
ద్రువపత్రములతోపాటు తేదీ 10.12.2024 సమయం సాయంత్రం 05.00 గంటలలోపు జిల్లా వైద్య
ఆరోగ్యశాఖాధికారి వారి కార్యాలయము , విశాఖపట్నం నందు దరఖాస్తు చేసుకోవలసిందిగా కోరుతున్నాము.

సం/- డాక్టర్ పి. జగదీశ్వర రావు

జిల్లా వైద్య ఆరోగ్యశాఖాధికారి

విశాఖపట్నం

టు

సదరు నకలు నోటిస్ బోర్డ్ నందు ఈ కార్యాలయంలో ప్రదర్శించడమైనది.

డి. పి.ఆర్. ఓ . విశాఖపట్నం వారికి ప్రచురునార్దం పంపించడమైనది.

ఇందలి ప్రతి జిల్లా కలెక్టర్, విశాఖపట్నం వారి సమర్పించడమైనది

GOVERNMENT OF ANDHRA PRADESH

HM&FW Department

(Notification No:01/2024, Date:03.12.2024)

Recruitment to the various posts to work on contract basis/Out Sourcing basis
in Govt. Health facilities

Application for the Post of : Application <input style="width:150px; height:25px;" type="text"/>	Affix Pass port size latest color photograph
No.(to be filled by the office)	

1	Name of the Candidate	
2	Gender	
3	Fathers Name	
4	Date of Birth (DD -MM-YYYY)	
5	Social Status (OC/OC-EWS/SC/ST/BC - A,B,C,D,E)	
6	Whether claiming for service weightage for Contract / Outsourcing service (if yes enclose contract /outsourcing service certificate)	Yes /No
7	Whether Physically Handicapped (VH/HH/OH) (SADAREM Certificate to be enclosed)	
8	Whether claiming EWS reservation (copy of the certificate enclosed)	
9	Whether Ex -Servicemen (enclose Service Certificate)	Yes /No
10	Mobile number of the applicant	
11	DD particulars	DD.No. Date: Amount:

Details of School studies from 4thClass to 10thClass (for local status):

Sl. No	Class	Year of passing	Name of the School	Town and District
1	IV			
2	V			
3	VI			
4	VII			
5	VII I			
6	IX			
7	X			

DECLARATION

I, Smt/Kum/Sri.....D/o or S/o or W/o..... do hereby declare that, above particulars furnished by me are true to the best of my knowledge. I agree that in the event of any of the details furnished above being found to be incorrect or false at a later date, my candidature will be forfeited summarily.

Signature of the applicant

APPENDIX -I

CERTIFICATE OF RESIDENCE

(Vide Sub-Clause (ii) of Clause (a) para7 of the Presidential order) It is hereby certified,

(a) That Sri/Srimathi/Kumari _____
S/o.W/o,D/o_____appeared for the first time for the matriculation(S.SC) Examination in (month)_____year;

(b) That he/she has not studied in any educational institution during the whole or a part of the 4 consecutive academic years ending with the academic year in which he/she first appeared for the aforesaid examination;

(c) That in the 4 years immediately preceding the commencement of the aforesaid examination, he/she resided in the following place/places namely,

	Village	Taluk	District	Period
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Station: OFFICE SEAL
Date:

Officer of Revenue Department not
Below the rank of Tahsildhar or
Deputy Tahsildhar in independent
Charge Of a Sub Taluk

Date:

*Strike off 'whole' 'a part', as the case may be.

GOVERNMENT OF ANDHRA PRADESH
Contract/Outsourcing/Honorarium Service Certificate (Certificate to
be issued by the Controlling Officer concerned (DM&HO/DCHS/
Principals of GMC/ Superintendents of GGH/ or any Other
Appointing Authority)

This is to certify that,
 S/o,D/o has been working / worked as
 (name of the post) in PHC / CHC / AH / DH / GGH / or any other AP State
 Institution at on Contract / Out-Sourcing /
 Honorarium basis with concurrence of finance department, Government of AP.
 Details of his / her Contract / Out -Sourcing service as on the date of notification
 are as follows:

Name of the institution	Urban/ Rural/Tribal (or) Covid-19	Period		Duration	Reasons for break in service (if any)	Charges /allegations /adverse remarks if any
		From	To			

I hereby declare that:

2. His /her services as..... on Contract/Out-sourcing honorary basis during the above said period are satisfactory.
3. He/she does not have any adverse remarks from his superiors during the period of Contract/Out -sourcing/Honorarium service.
4. He/she is eligible for Contract / Outsourcing Service Weightage as per the rules published in the notification.

Signature & Seal of the Controlling Officer
 (DMHO/DCHS/any other competent
 District Authority who appointed the
 applicant)

Imp. Note: The self attested copy of appointment order must be enclosed along with this service certificate, otherwise weightage for Contract/ Outsourcing/honorary service will not be considered for final merit.