

జిల్లా వైద్య ఆరోగ్యశాఖాధికారి వారి కార్యాలయము , విశాఖపట్నం

రిక సంఖ్య1049 /.ఇ2021/

తేది.30 .08.2021

పత్రికా ప్రకటన

శ్రీ కమీషనర్ , వైద్య & ఆరోగ్య శాఖ మరియు మిషన్ డైరెక్టర్ ఎన్.హెచ్.ఎం. విజయవాడఆంధ్రప్రదేశ్ వారి , .నెంబర్ .సి .ఆర్ .లేఖ005/SPMU-NHM/2011/2 తేది. 22-08-2021ను అనుసరించి విశాఖపట్నం లో గల వివిధ ఎన్.సి.డి, / వైద్య కార్యాలయంలో పనిచేయుటకు గాను ఒక ఏడాది కాలమునకు ఈ క్రింది తెలిపిన పోస్టులను , కాంట్రాక్ట్/ టెంపోరీస్ పద్ధతి పై నియామకములు జరుపుటకు అనుమతించిన కారణముగా దరఖాస్తులు కోరడమైనది.

పోస్ట్ వివరములు మరియు సంఖ్య	విద్యా అర్హతలు	రెమ్మునిరేషన్
జాబితా జతపరచడమైనది		

పై అర్హత కలిగిన అభ్యర్థులు ఆన్ లైన్ “<http://visakhapatnam.ap.gov.in> <http://visakhapatnam.nic.in> ” నందు పొందుపరచిన దరఖాస్తును డాన్లోడ్ చేసుకోని , తేది 15-09-2021 సాయంత్రం 5.00 గంటల లోపు సదరు దరఖాస్తుతోపాటు విద్యా అర్హతలు నకలులు కాపిని జిల్లా వైద్య ఆరోగ్యశాఖాధికారి వారి కార్యాలయము , విశాఖపట్నం నందు సమర్పించ కోరుచున్నాము మరియు సంబంధిత పోస్టుల యొక్క రిజిస్ట్రేషన్ మరియు రెన్యూవల్ పొందుపరచకపోయిన అటువంటి దరఖాస్తులు అంగీకరించబడవు.

గమనిక: సదరు పోస్టుల ఖాళీల సంఖ్యలలో స్వల్ప మార్పులు ఉండ వచ్చునని తెలియ చేయడమైనది.

సం/- డాక్టర్ పి ఎస్ సూర్యనారాయణ

జిల్లా వైద్య ఆరోగ్యశాఖాధికారి

విశాఖపట్నం

టు

సదరు అభ్యర్థులకు పత్రిక ప్రకటన ద్వారా తెలియ చేయడమైనది.

సదరు నకలు నోటీస్ బోర్డ్ నందు ఈ కార్యాలయంలో ప్రదర్శించడమైనది.

సదరు నకలు జిల్లా పబ్లిక్ రిలేషన్ ఆఫీసర్ (డి. పి.ఆర్. ఓ .) విశాఖపట్నం వారికి ప్రచురునార్గం పంపించడమైనది.

సదరు నకలు జిల్లా కలెక్టర్, విశాఖపట్నం వారి సమర్పించడమైనది

OFFICE OF THE COMMISSIONER, HEALTH & FAMILY WELFARE
& MISSION DIRECTOR, NATIONAL HEALTH MISSION, A.P.

No. 005/SPMU-NHM/2011/2

Date: 22/08/2021

Sub: SPMU – NHM – Filling up of Sanctioned Posts under National Health Mission
– Permission accorded – Reg.

Ref: 1. F. NO. M-11016/17/2021-NHM-II, MoHFW, Govt. of India, Dt. 25.06.2021
2. SH&FWS Executive Committee Meeting Dt. 09.07.2021

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Attention of all the Joint Collectors (Development) and the District Medical & Health Officers is invited to the reference 1st cited, wherein the Govt. of India has sanctioned various categories of Medical, Nursing, Paramedical and other categories of posts in health facilities, DPMU of NHM for the Financial Year 2021-22. District wise details of posts sanctioned are herewith enclosed.

All the Joint Collectors (Development) and the District Medical & Health Officers are instructed to fill up all the posts sanctioned under NHM, immediately duly following the guidelines issued below:

1. Guidelines issued in the GO Rt No 301 HM&FW (B1) department Dt. 20.06.2020 shall be followed for filling up of all Medical, Nursing and Paramedical and supporting cadre posts.
2. Walk in interviews may be conducted for the post of specialist doctors duly giving notification.
3. All the proceedings of recruitment such as eligible and ineligible lists, provisional merit list, final merit list and selection lists shall be published in the District website.
4. District Programme Monitoring Officer, District Programme Officers shall assist the Chairman, District Selection Committee for complete the recruitment process as per the schedule
5. In case of specialist doctors, walk-in interviews shall be conducted duly giving notification.
6. The following schedule shall be followed for filling up of vacancies.

1	Date of issue of Notification(T ₀)	On or before 31.08.2021
2	Last date for receipt of application(T ₁)	To +2 weeks On or before 15.09.2021
3	Publication of provisional Merit list and receipt of objections (T ₂)	T ₁ + One week On or before 22.09.2021
4	Publication of final merit list and selection List(T ₃)	T ₂ + 4 days On or before 27.09.2021
5	Issue of appointment orders	T ₃ + 3 days On or before 30.09.2021

All the Joint Collectors (Development) and the District Medical & Health Officers shall implement the above instructions and submit the compliance report by 04/10/2021


COMMISSIONER
HEALTH & FAMILY WELFARE

To:
All the Joint Collectors and Chairman, District Selection Committee
All the District Medical & Health Officers

LIST OF SANCTIONED POSTS IN HEALTH FACILITIES UNDER NHM OF VISAKHAPATNAM DISTRICT

S. No	FMR Code	Designation	Programme Name	Programme Unit Name	Sanctioned posts in Vsp	Required Qualification	Remuneration per month
1	8.1.3.2	Psychiatrists	NMHP	NHMP	2	PG / Diploma in Psychiatry	Rs.1,00,000/-
2	8.1.3.9	Forensic Specialist	MN	District Hospital Strengthening	1	PG in Forensic	Rs.1,10,000/-
3	8.1.3.10	General Physician	NCD	NPPC	1	MBBS with PG or equivalent degree from MCI atleast 5yrs experience in emergency unit	Rs.1,10,000/-
4	8.1.3.10	Cardiologists under NPCDCS	NCD	NPCDCS-Cardiac Care	1	PG in Cardiology with Diploma in Cardiology	Rs.1,10,000/-
Specialist Total					5		
5	8.1. 5.1	Medical Officers under NPCDCS	NCD	NPCDCS-CHC NCD Clinic	8	MBBS or equivalent degree from MCI atleast 5yrs experience in emergency unit	Rs.53,495/-
6	8.1.9.2	Medical Officers NBSUs	CHI	NBSUs	11	MBBS or equivalent degree from MCI atleast 5yrs experience in emergency unit	Rs.53,495/-
7	8.1.10.2	Medical Officers	MH	8 Beded Obstreric ICU/HDU	0	MBBS or equivalent degree from MCI atleast 5yrs experience in emergency unit	Rs.53,495/-
Medical Officers Total					19		
8	8.1.1.2	Staff Nurse	NCD	NPCDCS-Cardiac Care	3	GNM /BSc.,(N) with updated council registration	Rs.22,500/-
9	8.1.1.2	Staff Nurse	NCD	NPHCE	16	GNM /BSc.,(N) with updated council registration	Rs.22,500/-
10	8.1.1.3.1	Psychiatric Nurse	NMHP	NMHP	1	GNM /BSc.,(N) with updated council registration	Rs.20,000/-
11	8.1.1.3.2	Nurses for Geriatric Care / Palliative care	NCD	NPPCF	3	GNM /BSc.,(N) with updated council registration	Rs.22,500/-
12	8.1.7.2.4	Staff Nurse	RBSK	DEIC	2	GNM /BSc.,(N) with updated council registration	Rs.22,500/-
13	8.1.10.03	Staff Nurse	MH	8 Beded Obstetric ICU/HDU	0	GNM /BSc.,(N) with updated council registration	Rs.22,500/-
Staff Nurse Total					25		
14	8.1.1.5	LT Medical College	RNTCP	MCs	1	DML/TMLT/B.Sc., (MLT) with updated council registration	Rs.30,387/-
15	8.1.1.5	LTs under Fluorosis	NCD	NPPCF	1	DML/TMLT/B.Sc., (MLT) with updated council registration	Rs.30,387/-
Lab Technician Total					2		

16	8.1.1.10	Physiotherapist/Occupational therapist under NPHCE	NCD	NPHCE	3	Bachelor's degree in Physiotherapy from recognized university	Rs.30,387/-
17	8.1.13.5	Audiometrician	NCD	NPPCD	4	Bachelor's degree in Audiometry from recognized university	Rs.21,000/-
18	8.1.13.8	Social worker under NMHP	NMHP	NMHP	1	MSW/MA Social work	Rs.25,000/-
19	8.1.13.08	Social worker under NTCP	NCD	NTCP	1	MSW/MA Social work	Rs.36,225/-
		Paramedical staff Total			9		
20	16.4.2.1.2	Consultant-Quality monitor	QA	QA	1	-	Rs.30,000/-
		Consultant Total			1		
21	8.1.16.4	Hospital Attendant-NPHCE	NCD	NPHCE	3	10 th pass first aid certificate with 2yr experience	Rs.12,000/-
22	8.1.16.5	Sanitary attendant-NPHCE	NCD	NPHCE	3	10 th pass	Rs.12,000/-
		Support staff Total			6		
		Grand Total			67		

Salary Particulars of Notification Issued for F.Y 2021-22 under NHM						
S.No	FMR Code	Designation	Programme Name	Programme Unit Name	New Positions Approved 2021-22	Salary Per Month
1	8.1.3.2	Psychiatrists	NMHP	NMHP	16	1,00,000/-
2	8.1.3.9	Forensic Specialist	MH	District Hospital Strengthening	13	1,10,000/-
3	8.1.3.10	General Physician	NCD	NPPC	13	1,10,000/-
4	8.1.3.10	Cardiologists under NPCDCS	NCD	NPCDCS-Cardiac Care	11	1,10,000/-
Specialist Total					53	
5	8.1.5.1	Medical Officers under NPCDCS	NCD	NPCDCS-CHC NCD Clinic	133	53,495/-
6	8.1.9.2	Medical Officers -NBSUc	CHI	NBSUs	163	53,495/-
7	8.1.10.2	Medical Officers	MH	8 Bedded Obsteric ICU/HDU	12	53,495/-
Medical Officers Total					308	
8	8.1.1.2	Staff Nurse	NCD	NPCDCS-Cardiac Care	31	22,500/-
9	8.1.1.2	Staff Nurse	NCD	NPHCE	188	22,500/-
10	8.1.1.3.1	Psychiatric Nurse	NMHP	NMHP	18	20,000/-
11	8.1.1.3.2	Nurses for Geriatric care/ palliative care	NCD	NPPCF	39	22,500/-
12	8.1.7.2.4	Staff Nurse	RBSK	DEIC	18	22,500/-
13	8.1.10.3	Staff Nurses	MH	8 Bedded Obsteric ICU/HDU	30	22,500/-
Staff Nurse Total					324	
14	8.1.1.5	LT Medical College	RNTCP	MCs	4	19,019/-
15	8.1.1.5	LTs under Fluorosis	NCD	NPPCF	10	19,019/-
Lab Technician Total					14	
16	8.1.1.10	Physiotherapist/ Occupational Therapist under NPHCE	NCD	NPHCE	28	30,387/-
17	8.1.13.5	Audiometrician	NCD	NPPCD	32	21,000/-
18	8.1.13.8	Social Worker under NMHP	NMHP	NMHP	15	25,000/-
19	8.1.13.8	Social Worker under NTCP	NCD	NTCP	15	36,225/-
Paramedical Staff Total					90	
20	16.4.2.1.2	Consultant-Quality Monitor	QA	QA	13	30,000/-
Consultant Total					13	
21	8.1.16.4	Hospital Attendent-NPHCE	NCD	NPHCE	28	12,000/-
22	8.1.16.5	Sanitary Attendent-NPHCE	NCD	NPHCE	28	12,000/-
Support Staff Total					56	
Grand Total					858	

**APPLICATION FOR THE POST OF PSYCHIATRIST/ FORENSIC SPECIALIST/ GENERAL PHYSICIAN/
CARDIOLIGST
(TO WORK ON CONTRACT BASIS / OUTSOURCING)
ANDHRA PRADESH MEDICAL AND HEALTH SERVICES**

Regd. No. Application No.:
(To be given by DM & HO/ Office for their respective cadre)

1.	Name of the Applicant :- (in Block Letters)	Latest Passport photo	size			
2.	Name of the Father :-					
3.	Name of the Mother :-					
4.	Name of Husband/ Wife(if married) :-					
5.	Gender:			6. Date of Birth & Age: <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>		
7.	Religion:	8. OC/BC-A,BC-B,BC-C,BC-D, BC-E/SC/ST :- <input style="width: 50px; height: 20px;" type="text"/>				
9.	Address	House Number : Village / Town : District : Pin code : Phone : Aadhar Number : Email id :				
10.	Whether belongs to Physically handicapped (Latest Certificate issued by Medical Board to be enclosed):	YES/No				
11.	If belongs to Ex-Servicemen; length of service in armed force (Certificate to that effect to be enclosed):	YES/No				
12.	NATIVITY (As per certificate issued by Tahasildar (Under the provision of					
13.	Study Certificates	School Name	Village	Mandal	District	Year of passing
	4th					
	5th					
	6th					
	7th					
	8th					
	9th					
	10th					
14.	SSC Marks list Name of school	Year of passing	Certificate enclosed YES/No			
15.	Inter marks list Name of College	Year of passing	Certificate enclosed YES/No			
16.	Degree Provisional: Name of College	Year of passing	Certificate enclosed YES/No			
17.	Degree Marks list	Certificate enclosed YES/No				
18.	COUNSEL registration	Certificate enclosed YES/No				
19.	P.G Provisional in Child Psychology:	Year of passing	Certificate enclosed YES/NO			
20.	PG MARKS LIST	Certificate enclosed YES/No				
21.	COUNSEL registration OF PG	Certificate enclosed YES/No				
22.	Experience certificate in Govt. Sector Contract/Outsourcing basis	Certificate enclosed YES/No				

28. Marks obtained in Academic Qualification Exam:

Type of Qualification	Please specify Qualifying Examination	Month & Year of Passing	Maximum Marks	Marks Obtained	Percentage of Marks
Technical	Degree				
	Master's Degree in Child Psychology				

DECLARATION

I do hereby declare that all the above facts are true and correct. I further declare that if anything found incorrect I shall be liable for termination from service with immediate effect without any notice.

Signature of Candidate

REQUIRED DOCUMENTS

1.	Filled in Application Form	Yes / No
2.	Attested copy of latest Caste Certificate	Yes / No
3.	Attested copy of marks memo of SSC or equivalent certificate (for Date of Birth & marks)	Yes / No
4.	Attested copies of study certificates from Class IV to Class X where the candidate studied	Yes / No
5.	Attested copy of latest Nativity certificate issued by Tahasildar (Under the provision of G.O.Ms.No.3 Social Welfare (Tribal Welfare Edn.II) Department Dated: 10-01-2000	
6.	Attested copy of Degree & PG Certificate (OD & Provisional)	Yes / No
7.	Attested copy of Degree & PG Marks Memo / Academic qualifying examination marks memo	Yes / No
8.	Attested copy of Counsel Registration certificate enclosed –Degree& PG	Yes / No
9.	Attested copy of Counsel & renewal certificate enclosed Degree& PG	Yes / No
10.	Attested copy of Latest Physically Handicapped certificate (if applicable)	Yes / No
11.	Attested copy of Latest Ex-Servicemen certificate (if applicable)	Yes / No
12.	Attested copy of Experience certificate in AP Govt. sector (Contract/Outsourcing basis)	Yes / No

**APPLICATION FOR THE POST OF MEDICAL OFFICER
(TO WORK ON CONTRACT BASIS / OUTSOURCING)
ANDHRA PRADESH MEDICAL AND HEALTH SERVICES**

Regd. No.

Application No.:

(To be given by DM & HO/ Office for their respective cadre)

1.	Name of the Applicant :- (in Block Letters)		Latest Passport photo size			
2.	Name of the Father :-					
3.	Name of the Mother :-					
4.	Name of Husband/ Wife(if married) :-					
5.	Gender:	6. Date of Birth & Age:	<input type="text"/>	<input type="text"/>		
7.	Religion:	8. OC/BC-A,BC-B,BC-C,BC-D, BC-E/SC/ST :-		<input type="text"/>		
9.	Address	House Number : Village / Town : District : Pin code : Phone : Aadhar Number : Email id :				
10.	Whether belongs to Physically handicapped (Latest Certificate issued by Medical Board to be enclosed):			YES/No		
11.	If belongs to Ex-Servicemen; length of service in armed force (Certificate to that effect to be enclosed):			YES/No		
12.	NATIVITY (As per certificate issued by Tahasildar (Under the provision of					
13.	Study Certificates	School Name	Village	Mandal	District	Year of passing
	4th					
	5th					
	6th					
	7th					
	8th					
	9th					
	10th					
14.	SSC Marks list Name of school	Year of passing	Certificate enclosed YES/No			
15.	Inter marks list Name of College	Year of passing	Certificate enclosed YES/No			
16.	M.B.B.S. Provisional: Name of College	Year of passing	Certificate enclosed YES/No			
17.	M.B.B.S. Marks list		Certificate enclosed YES/No			
18.	AP MEDICAL COUNSEL registration		Certificate enclosed YES/No			
19.	AP MEDICAL COUNSEL registration Renewal		Certificate enclosed YES/No			
20.	MBBS INTERNSHIP		Certificate enclosed YES/No			
21.	Experience certificate in Govt. Sector Contract/Outsourcing basis		Certificate enclosed YES/No			

22. Marks obtained in Academic Qualification Exam:

Type of Qualification	Please specify Qualifying Examination	Month & Year of Passing	Maximum Marks	Marks Obtained	Percentage of Marks
Technical	M.B.B.S.				

DECLARATION

I do hereby declare that all the above facts are true and correct. I further declare that if anything found incorrect I shall be liable for termination from service with immediate effect without any notice.

Signature of Candidate

REQUIRED DOCUMENTS

1.	Filled in Application Form	Yes / No
2.	Attested copy of latest Caste Certificate	Yes / No
3.	Attested copy of marks memo of SSC or equivalent certificate (for Date of Birth & marks)	Yes / No
4.	Attested copies of study certificates from Class IV to Class X where the candidate studied	Yes / No
5.	Attested copy of latest Nativity certificate issued by Tahasildar (Under the provision of G.O.Ms.No.3 Social Welfare (Tribal Welfare Edn.II) Department Dated: 10-01-2000	
6.	Attested copy of M.B.B.S. Certificate (OD & Provisional)	Yes / No
7.	Attested copy of M.B.B.S Marks Memo / Academic qualifying examination marks memo	Yes / No
8.	Attested copy of AP Medical Counsel Registration certificate enclosed	Yes / No
9.	Attested copy of AP Medical Counsel & renewal certificate enclosed	Yes / No
10.	Attested copy of Latest Physically Handicapped certificate (if applicable)	Yes / No
11.	Attested copy of Latest Ex-Servicemen certificate (if applicable)	Yes / No
12.	Attested copy of Experience certificate in AP Govt. sector (Contract/Outsourcing basis)	Yes / No

APPLICATION FOR THE POST OF STAFF NURSE

(TO WORK ON CONTRACT BASIS)

ANDHRA PRADESH MEDICAL AND HEALTH SERVICES

Regd. No.

Application No.:

(To be given by DM & HO/ Office for their respective cadre)

1.	Name of the Applicant :- (in Block Letters)	Latest Passport photo size				
2.	Name of the Father :-					
3.	Name of the Mother :-					
4.	Name of Husband/ Wife(if married) :-					
5.	Gender: <input type="text"/>					
	6. Date of Birth & Age: <input type="text"/>					
7.	Religion: <input type="text"/>	8. OC/BC-A,BC-B,BC-C,BC-D, BC-E/SC/ST :- <input type="text"/>				
9.	Address	House Number : Village / Town : District : Pin code : Phone : Aadhar Number : Email id :				
10.	Whether belongs to Physically handicapped (Latest Certificate issued by Medical Board to be enclosed):	YES/No				
11.	If belongs to Ex-Servicemen; length of service in armed force (Certificate to that effect to be enclosed):	YES/No				
12.	NATIVITY (As per certificate issued by Tahasildar (Under the provision of					
13.	Study Certificates	School Name	Village	Mandal	District	Year of passing
	4th					
	5th					
	6th					
	7th					
	8th					
	9th					
	10th					
14.	SSC Marks list Name of school	Year of passing	Certificate enclosed YES/No			
15.	Inter marks list Name of College	Year of passing	Certificate enclosed YES/No			
16.	GNM /BSc Nursing Provisional: Name of College	Year of passing	Certificate enclosed YES/No			
17.	GNM /BSc Nursing Marks list	Certificate enclosed YES/No				
18.	Nursing counsel registration	Certificate enclosed YES/No				
19.	Nursing counsel registration Renewal	Certificate enclosed YES/No				
20.	Experience certificate in Govt. Sector Contract/Outsourcing basis	Certificate enclosed YES/No				

21. Marks obtained in Academic & Technical Qualification Exam:

Type of Qualification	Please specify Qualifying Examination (SSC/ Inter/ Technical Certificate Course)	Month & Year of Passing	Maximum Marks	Marks Obtained	Percentage of Marks
Academic	Intermediate				
Technical	GNM Diploma / BSc(Nursing)				

DECLARATION

I do hereby declare that all the above facts are true and correct. I further declare that if anything found incorrect I shall be liable for termination from service with immediate effect without any notice.

Signature of Candidate

REQUIRED DOCUMENTS

1.	Filled in Application Form	Yes / No
2	Attested copy of latest Caste Certificate	Yes / No
3.	Attested copy of marks memo of SSC or equivalent certificate (for Date of Birth & marks)	Yes / No
4	Attested copies of study certificates from Class IV to Class X where the candidate studied	Yes / No
5	Attested copy of latest Nativity certificate issued by Tahasildar (Under the provision of G.O.Ms.No.3 Social Welfare (Tribal Welfare Edn.II) Department Dated: 10-01-2000	
6.	Attested copy of GNM Diploma / BSc (Nursing) Certificate Course Certificate of qualifying Technical Examination	Yes / No
7.	Attested copy of Intermediate Marks Memo / Academic qualifying examination marks memo	Yes / No
8.	Attested copy of Latest Physically Handicapped certificate (if applicable)	Yes / No
9	Attested copy of Latest Ex-Servicemen certificate (if applicable)	Yes / No
10.	Attested copy of Nursing counsel registration certificate enclosed	Yes / No
11.	Attested copy of Nursing counsel renewal certificate enclosed	Yes / No
12	Experience certificate in AP Govt. sector (Contract/Outsourcing basis)	Yes / No

**APPLICATION FOR THE POST OF PHARMACIST GR.II / LAB TECHNICIAN
(TO WORK ON CONTRACT BASIS)
ANDHRA PRADESH MEDICAL AND HEALTH SERVICES**

Regd. No.

Application No.:

(To be given by DM & HO/ Office for their respective cadre)

1.	Name of the Applicant :- (in Block Letters)		Latest Passport photo size			
2.	Name of the Father :-					
3.	Name of the Mother :-					
4.	Name of Husband/ Wife(if married) :-					
5.	Gender:	6. Date of Birth & Age:	<input type="text"/>	<input type="text"/>		
7.	Religion:	8. OC/BC-A,BC-B,BC-C,BC-D, BC-E/SC/ST :-	<input type="text"/>			
9.	Address	House Number : Village / Town : District : Pin code : Phone : Aadhar Number : Email id :				
10.	Whether belongs to Physically handicapped (Latest Certificate issued by Medical Board to be enclosed):				YES/No	
11.	If belongs to Ex-Servicemen; length of service in armed force (Certificate to that effect to be enclosed):				YES/No	
12.	NATIVITY (As per certificate issued by Tahasildar (Under the provision of					
13.	Study Certificates	School Name	Village	Mandal	District	Year of passing
	4th					
	5th					
	6th					
	7th					
	8th					
	9th					
	10th					
14.	SSC Marks list	Year of passing	Certificate enclosed YES/No			
		Name of school				
15.	Inter marks list	Year of passing	Certificate enclosed YES/No			
		Name of College				
16.	LT/ Ph.GR.II Provisional:	Year of passing	Certificate enclosed YES/No			
		Name of College				
17.	LT/ Ph.GR.II Marks list	Certificate enclosed YES/No				
18.	Nursing counsel registration	Certificate enclosed YES/No				
19.	Nursing counsel registration Renewal	Certificate enclosed YES/No				
20.	Experience certificate in Govt. Sector Contract/Outsourcing basis	Certificate enclosed YES/No				

21. Marks obtained in Academic & Technical Qualification Exam:

Type of Qualification	Please specify Qualifying Examination (SSC/ Inter/ Technical Certificate Course)	Month & Year of Passing	Maximum Marks	Marks Obtained	Percentage of Marks
Academic	SSC /Intermediate				
Technical	Diploma in Pharmacy/ Lab Technician				

DECLARATION

I do hereby declare that all the above facts are true and correct. I further declare that if anything found incorrect I shall be liable for termination from service with immediate effect without any notice.

Signature of Candidate

REQUIRED DOCUMENTS

1.	Filled in Application Form	Yes / No
2	Attested copy of latest Caste Certificate	Yes / No
3.	Attested copy of marks memo of SSC or equivalent certificate (for Date of Birth & marks)	Yes / No
4	Attested copies of study certificates from Class IV to Class X where the candidate studied	Yes / No
5	Attested copy of latest Nativity certificate issued by Tahasildar (Under the provision of G.O.Ms.No.3 Social Welfare (Tribal Welfare Edn.II) Department Dated: 10-01-2000	
6.	Attested copy of Pharmacy / Lab Technician Course Certificate of qualifying Technical Examination	Yes / No
7.	Attested copy of Intermediate Marks Memo / Academic qualifying examination marks memo	Yes / No
8.	Attested copy of Latest Physically Handicapped certificate (if applicable)	Yes / No
9	Attested copy of Latest Ex-Servicemen certificate (if applicable)	Yes / No
10.	Attested copy of Para Medical Board counsel registration certificate enclosed	Yes / No
11.	Attested copy of Para Medical Board renewal certificate enclosed	Yes / No
12	Experience certificate in AP Govt. sector (Contract/Outsourcing basis)	Yes / No

APPLICATION FOR THE POST OF _____
(TO WORK ON CONTRACT BASIS)
ANDHRA PRADESH MEDICAL AND HEALTH SERVICES

Regd. No.

Application No.:

(To be given by DM & HO/ Office for their respective cadre)

1.	Name of the Applicant :- (in Block Letters)	Latest Passport photo	size			
2.	Name of the Father :-					
3.	Name of the Mother :-					
4.	Name of Husband/ Wife(if married) :-					
5.	Gender:	6. Date of Birth & Age:	<input type="text"/>			
7	Religion:	8. OC/BC-A,BC-B,BC-C,BC-D, BC-E/SC/ST :-	<input type="text"/>			
9.	Address	House Number : Village / Town : District : Pin code : Phone : Aadhar Number : Email id :				
10.	Whether belongs to Physically handicapped (Latest Certificate issued by Medical Board to be enclosed):		YES/No			
11.	If belongs to Ex-Servicemen; length of service in armed force (Certificate to that effect to be enclosed):		YES/No			
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	8th					
	9th					
	10th					
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15	Inter marks list	Year of passing Name of College	Certificate enclosed YES/No			
16	LT/ Ph.GR.II Provisional:	Year of passing Name of College	Certificate enclosed YES/No			
17.	LT/ Ph.GR.II Marks list	Certificate enclosed YES/No				
18.	Nursing counsel registration	Certificate enclosed YES/No				
19.	Nursing counsel registration Renewal	Certificate enclosed YES/No				
20.	Experience certificate in Govt. Sector Contract/Outsourcing basis	Certificate enclosed YES/No				

21. Marks obtained in Academic & Technical Qualification Exam:

Type of Qualification	Please specify Qualifying Examination (SSC/ Inter/ Technical Certificate Course)	Month & Year of Passing	Maximum Marks	Marks Obtained	Percentage of Marks
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Technical	Diploma in Pharmacy/ Lab Technician				

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4	Attested copies of study certificates from Class IV to Class X where the candidate studied	Yes / No
5	Attested copy of latest Nativity certificate issued by Tahasildar (Under the provision of G.O.Ms.No.3 Social Welfare (Tribal Welfare Edn.II) Department Dated: 10-01-2000	
6.	Attested copy of Additional Qualification	Yes / No
7.	Attested copy of Intermediate Marks Memo / Academic qualifying examination marks memo	Yes / No
8.	Attested copy of Latest Physically Handicapped certificate (if applicable)	Yes / No
9	Attested copy of Latest Ex-Servicemen certificate (if applicable)	Yes / No
10	Experience certificate in AP Govt. sector (Contract/Outsourcing basis)	Yes / No
11	Other related documents	Yes/No