

జిల్లా వైద్య ఆరోగ్య శాఖాధికారి వారి కార్యాలయం విశాఖపట్నం

Rc. No. 1049/E1/2022

తేది 17.11.2022

శ్రీ కమిషనర్, వైద్య శాఖ మరియు మిషన్ డైరెక్టర్ ఎస్.హెచ్.ఎం. విజయవాడ వారి లేఖ ఆర్ సి నెంబర్ 005/SPMU-NHM/2020 తేది : 23.09.2020 అనుసరించి విశాఖపట్నం వివిధ ప్రాథమిక ఆరోగ్య కేంద్ర/ వైద్యకార్యాలయములలో పనిచేయుటకు గాను ఒక ఎడాది కాలమునకు ఈ క్రింది తెలిపిన పోస్టు కాంట్రాక్టు/బెట్స్‌నింగ్ పద్ధతి పై నియమకాములు జరుపుటకు అనుమతించిన కారణమున ధరఖాస్తులు కోరడమైనవి.

పోస్ట్ వివరములు మరియు సంఖ్య , విద్యా అర్హతలు, రెమ్యూనరేషన్ జాబితా <http://visakhapatnam.ap.gov.in> నందు జతపరచడమైనది.

పై అర్హత కలిగిన అభ్యర్థులు <http://visakhapatnam.ap.gov.in> అప్లికేషన్ ద్వారా తేది. 22.11.2022 సాయంత్రం 5.00 గంటల లోపు తమ ధరఖాస్తును చేసుకొనవలసిందిగా కోరడము జరుగుతున్నది మరియు సదరు ధరఖాస్తుతో పాటు విద్యా అర్హతలు కాపీని జిల్లా వైద్య ఆరోగ్య శాఖాధికారి వారి కార్యాలయము, విశాఖపట్నం డ్రాప్ బాక్స్ నందు సమర్పించవలెను మరియు సంబంధిత పోస్టుల యొక్క రిజిస్ట్రేషన్ మరియు రెన్యూవల్ పొందుపరచకపోయిన అటువంటి ధరఖాస్తులు అంగీకరించబడవు.

గమనిక: సదరు పోస్టుల ఖాళీల సంఖ్యలో స్వల్ప మార్పులు ఉండవచ్చునని తెలియ చేయడమైనది.

Dr.K.Vijaya Lakshmi, MBBS
జిల్లా వైద్య ఆరోగ్యశాఖాధికారి ,
విశాఖపట్నం

DEIC ANAKAPALLI

S.NO	Posts	Required Qualification	Number of Posts	Remuneration Per Month Rupees
1	Padiatrician	P.G in Padiatrician or MD or DCH	1	110000
2	Early Interventionist	M.Sc, in Disability studies (early intervention) with basic degree in Physiotherapy(BPT)/Occupational Therapy (BOT)/ Speech Language Pathologist	1	15000
3	Lab Technician	DMLT/MLT/B.Sc(MLT)	1	19019
4	Optometrist	Bachelor in Optometry or Master in Optometry from any recognized university	1	24310
5	Audiologist	Bachelor's degree in Speech and Language Pathology from any recognized university	1	30000

DEIC NARSIPATNAM

S.NO	Posts	Required Qualification	Number of Posts	Remuneration Per Month Rupees
1	Audiologist	Bachelor's degree in Speech and Language Pathology from any recognized university	1	30000
2	Clinical Psychologist	Master's degree in Child Psychology from any recognised university	1	33075
3	Optometrist	Bachelor in Optometry or Master in Optometry from any recognized university	1	24310

DEIC Paderu

S.NO	Posts	Required Qualification	Number of Posts	Remuneration Per Month Rupees
1	Dental Technician/ Dental Hygienist	Diploma in Dental Technician	1	18000
2	Early Interventionist	M.Sc, in Disability studies (early intervention) with basic degree in Physiotherapy(BPT)/Occupational Therapy (BOT)/ Speech Language Pathologist	1	15000
3	Clinical Psychologist	Master's degree in Child Psychology from any recognised university	1	33075

GOVERNMENT OF ANDHRA PRADESH <u>HM&FW Department</u>	
Recruitment to the various posts to work on contract basis/Out Sourcing basis in Govt. Health facilities	
Application for the Post of : 	Affix Pass port size latest color photograph
Application 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 (enclose contract / outsourcing service certificate)	Yes /No
7	Whether Physically Handicapped (VH/HH/OH) (SADAREM Certificate to be closed)	
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:

12	<u>Address for communication:</u>
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Marks obtained in the requisite Academic / Professional /
Technical qualification

Qualification	Maximum Marks	Marks obtained	Year of passing (Month & Year)	Whether registered in respective council (Yes/No)

Details of Contract/Outsourcing/Honorarium service as on. 08.2022:

Sl. No	Name of the Institution	Contract / Out-sourcing	Urban /Rural / Tribal(or) Covid-19	Period of service		Total period (Years–Months–Days)	Service certificate issued by the competent authority enclosed (yes/no)
				From	To		

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	VIII			

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) para 7 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 aton 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 /allegation s /adverse remarks if any
		From	To			

I hereby declare that:

1. His /her services ason Contract/Out-sourcing honorary basis during the above said period are satisfactory.
2. He/she does not have any adverse remarks from his superiors during the period of Contract/Out-sourcing/Honorarium service.
3. 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.