

**NOTIFICATION**

GOVERNMENT OF ANDHRA PRADESH  
HEALTH & FAMILY WELFARE DEPARTMENT

NOTIFICATION FOR RECRUITMENT OF CERTAIN POSTS UNDER NHM., ON  
CONTRACT BASIS.

**Notification No.TRY-1/2017.**

Applications are invited from the qualified and eligible candidates for filling up of the following posts on Contract basis in Vizianagaram District under 24 x 7 PHCs., as noted here under, initially for a period of one year to discharge their duties in ITDA, Parvathipuram Area. Applications may be sent to the DM&HO., Vizianagaram for which application is made. The details can be obtained at Vizianagaram District website address [www.vizianagaram.nic.in](http://www.vizianagaram.nic.in)

S. No.	Category	No.of posts sanctioned for 12 PHCs.,	Remuneration per month	Qualification	Remarks
1.	Civil Asst. Surgeons	12	38000/-	Medical Graduate (MBBS) candidate must be Registered in AP Medical council as per the APMC Act	Posts are to be filled on contract basis till regular recruitment is done.
2	Staff Nurse	24	24000/-	General Nursing & Midwifery course from Govt./Govt.reg. Nursing Institute and Regn. Of Nursing council	

**Schedule of the Recruitment:**

7 <sup>th</sup> October,2017	Last date for receipt of application
8 <sup>th</sup> to 10 <sup>th</sup> October,2017	Scrutiny of applications
11 <sup>th</sup> October,2017	Display of provisional merit list
12 <sup>th</sup> and 13 <sup>th</sup> October,2017	Grievance Redressal
14 <sup>th</sup> , October,2017	Final List preparation and display
15 <sup>th</sup> and 16 <sup>th</sup> October,2017	Counseling and completion of selection process

*Reddy*  
District Medical & Health Officer,  
Vizianagaram.

*Narayani in Andhra Yeti Zonal Education*  
District Collector & Chairman.  
Vizianagaram.

**GOVERNMENT OF ANDHRA PRADESH**  
**RECRUITMENT OF \_\_\_\_\_ ON CONTRACT BASIS IN 24 X 7**  
**PRIMARY HEALTH CENTRES (TRIBAL) : VIZIANAGARAM DISTRICT**

**APPLICATION FORM**

REGISTRATIN NO:  
 (TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE

1	Name of the Candidate		Paste photograph here and sign across it							
2a	Name of the father									
2b	Name of the Mother									
2c	Name of Husband / wife (if married)									
3	Sex									
4	Date of Birth and age									
5	Social status (Please tick)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">OC</td> <td style="padding: 2px;">BC A</td> <td style="padding: 2px;">BC B</td> <td style="padding: 2px;">BC C</td> <td style="padding: 2px;">BC D</td> <td style="padding: 2px;">BC E</td> <td style="padding: 2px;">SC</td> <td style="padding: 2px;">ST</td> </tr> </table>	OC	BC A	BC B	BC C	BC D	BC E	SC	ST
OC	BC A	BC B	BC C	BC D	BC E	SC	ST			
6	Whether Physically handicapped (Please tick)	Yes / NO								
6(a)	If yes please mention category (please tick)	HH / OH / VH								
7	Whether Ex-Service man / Women	Yes / No								

**DETAILS OF SCHOOL EDUCATION:**

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

STUDY CERTIFICATES FROM IV<sup>th</sup> TO X<sup>th</sup> SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON-LOCAL

**EDUCATIONAL QUALIFICATIONS:**

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERSITY

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION:**

Qualifying Examination	Total Marks	Marks Obtained (MBBS/PG)	% of Marks obtained

**ADDRESS PARTICULARS:**

Name :  
Father Name :  
Husband Name :  
House No. :  
Street :  
Village / Town :  
District :  
Pin :  
Cell No. / Phone No. :

**DECLARATION**

I, Smt / Sri / Kum ..... D/o / S/o / W/o .....  
..... certify that above particulars furnished by me are correct to the best  
of my knowledge. I also agree that in the event of any of the particulars furnished in my  
application being found to be incorrect or false at a later date my candidature will be  
cancelled summarily

Name and Signature of  
the candidate