

**NOTIFICATION**  
**GOVERNMENT OF ANDHRA PRADESH**  
**HEALTH, MEDICAL AND FAMILY WELFARE DEPARTMENT**  
**NOTIFICATION FOR RECRUITMENT OF CIVIL ASSISTANT SURGEONS ON**  
**CONTRACT BASIS**

**Notification No. \_\_\_\_\_**

Applications are invited from qualified and eligible candidates for filling up of the post of Civil Assistant Surgeons on Contract basis, initially for a period of three (3) years in various institutions in Health Medical & Family Welfare Department, Government of AP

**I. The post –wise Vacancies, Qualifications & Age are as follows:**

SI No	Name of the Category	No of Posts	Qualification	Age
1	Civil Assistant Surgeon	5 (Roaster points 74-BC-B 75-ST 76-OC 77-SC 78-OC(W))	Pass in MBBS Degree, must registered with A.P. Medical Council (APMC registration is compulsory through they have registered with MCI or any other Medical Council)	Maximum age: 39 Years for OC and 5 years relaxation for upper age limit for SC/ST/BC and 3 years for Ex-Service Men and 10 years for Physically Handicapped persons up to a Maximum for 45 years. The maximum age shall be reckoned as on 01.07.2017

**II. RECRUITMENT SCHEDULE:**

2	Last Date for receipt of applications	07.07.2017
3	Scrutiny of Applications	08.07.2017 to 11.07.2017
4	Display of Provisional Merit List and Calling Objections	12.07.2017
5	Date of Receiving Grievances	13.07.2017
6	Date of Grievances Redressal	14.07.2017
7	Date of Display of Final Merit List	15.07.2017
8	Date of counseling & Issue of appointment orders	17.07.2017

**III. How to apply:**

- a) Candidates shall submit their application forms along with enclosures to the DM&HO, Vizianagaram on or before last date of submission
- b) All application covers should be super scribed on right top corner as follows:  
Contract Basis Recruitment – 2017 – Application for the post of CAS
- c) 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 MBBS Marks memos of all years and Provisional Certificates, Internship Certificate and Permanent Registration of APMC
4	Attested copy of Marks memo of MBBS
5	Attested copy of latest caste certificate (in case of SC/ST/BC)
6	Attested copies of study certificates from Class-IV to X where the candidates studied.
7	Attested copy of latest Physically handicapped certificate (if applicable)/ Ex-Servicemen
8	One self addressed cover of size 12 X 26 cm with postal stamps worth of Rs.35/-

**Note:**

- i) If attested copies of Caste certificate / Physically handicapped certificate / Ex-Servicemen are not enclosed, the candidate will be treated under OC
- ii) If the certificate copy of Residence of the study certificate is not enclosed the candidates will be treated as Non-Local
- iii) If attested copies of the above are not enclosed, the application will be summarily rejected
- iv) Application shall be submitted in the format enclosed to these guidelines only.

**IV. CONDITIONS ON APPOINTMENT:**

The candidate selected and appointed on contract basis shall not be regarded as a member of the service in which the post to which he/she is appointed, is included, and shall not be entitled by reason only of such appointment, to any preferential right to any other appointment in that or any other service. The department or the person may revoke the contractual appointment or discontinue the contract by giving one month's notice in writing on either side. This contract would automatically cease to operate on lapse of contract period and both parties will be discharged of their respective obligations and liabilities without any formal communication.

**TENURE:** Initially for a period of three (3) year from date of joining in the post.

**CONTRACT REMUNERATION:-** The monthly contract remuneration is Gross pay to the Basic Pay of Rs.40270/- (PRC 2015) (As per GO Ms.No.459, HM&FW Department, Dt.:22.05.2002.)

District Medical & Health Officer,  
Vizianagaram

District Collector & Chairman  
Vizianagaram

**GOVERNMENT OF ANDHRA PRADESH  
RECRUITMENT OF MEDICAL OFFICERS ON CONTRACT BASIS IN THE  
PHCS TO VIZIANAGARAM DISTRICT**

**APPLICATION FORM**

REGISTRATIN NO:  
(TO BE FILLED BY THE OFFICE)

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POST FOR WHICH APPLICATION MADE

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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; text-align: center;"> <tr> <td style="padding: 2px;">OC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">BC</td> <td style="padding: 2px;">SC</td> <td style="padding: 2px;">ST</td> </tr> <tr> <td></td> <td style="padding: 2px;">A</td> <td style="padding: 2px;">B</td> <td style="padding: 2px;">C</td> <td style="padding: 2px;">D</td> <td style="padding: 2px;">E</td> <td></td> <td></td> </tr> </table>	OC	BC	BC	BC	BC	BC	SC	ST		A	B	C	D	E		
OC	BC	BC	BC	BC	BC	SC	ST											
	A	B	C	D	E													
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	% 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