

NOTIFICATION No. Spl./VRDL LADs/DH,TEKKKALI/ 2021, Dt. 25.12.2021.

**NOTIFICATION**

Recruitment for the posts of the following newly established VRDL Labs in Tekkali, Srikakulam Dist. on contract basis for a period of one year from the date of appointment with a monthly remuneration as noted against each.

Sl. No	Designation	No. of Posts	Educational Qualifications	Remuneration per month
01	Research Scientist	01	MD-Microbiology / PHD Microbiology	Rs. 65,000/-
02	Research Assistant	02	M.Sc. Microbiology	Rs.30,000/-
03	Lab Technician	06	MLT	Rs. 25,000/-
04	Data Entry Operators	03	Any Degree with computer skills	Rs. 15,000/-
05	Multi- tasking staff	03	10 <sup>th</sup> / Intermediate	Rs. 12,000/-

The candidate should submit their application in Bio-Data along with Xerox copies as.

- 1) Essential and Technical Qualification certificates required for the job category.
- 2) Experience certificate.
- 3) Study certificate from 4<sup>th</sup> to 10<sup>th</sup> (Local Candidate from Srikakulam District should apply).
- 4) Caste certificate (Latest).
- 5) Additional Qualifications if any duly attested by Gazetted Officer.
- 6) Passport photograph should be attested by Gazetted Officer.
- 7) One self addressed cover of size 12x26cm with phone / mobile number and email ID (if present).

The Selection will be made on the basis of::

- Marks obtained in the qualifying examination – 75%
- One mark per Year passing of qualifying examination-15%
- Work Experience – 1 mark per year maximum 10 marks.

The interested candidates of columns 1 & 2 are requested to attend **Walk-in interview** on **29th December from 1pm to 3pm at DH Tekkali**. The interested candidates of columns 3, 4 & 5 can apply on or before **29.12.2021 by 4.00 pm** in the Medical Superintendent, District Hospital, Tekkali by downloading the application from the website: **www.srikakulam.ap.gov.in**

### **How to apply:-**

- a) Candidates shall download the application form the website and submit their filled-in Application forms along with the enclosures to the Medical Superintendent, District Hospital, Tekkali, Srikakulam Dist. on or before last date of submission.
- b) The following documents are to be submitted in the following order only.

1.	Filled-in application form.
2.	Attested copy of marks memos of Qualifying examination as per the category of Post.
3.	Attested copy of latest caste certificate(in case of SC/ST/BC)
4.	Attested copies of study certificates from Class-IV to X where the candidate studied.
5.	Attested copy of latest Physically handicapped certificate (if applicable)/Ex-Serviceman.
6.	One self addressed cover of size 12x26cm with phone / mobile number and email ID (if present).

### **Note:**

1. Each person should apply for one post only as per their eligibility.
2. In case of failure to submit the any one of the copies of certificates as mentioned above the application will be summarily rejected.
3. In case of Latest Caste Certificate not submitted by the candidate the application will be treated as OC in case of BC, SC, ST Candidates.
4. We are not responsible for any kind of postal delay in this regard.
5. If the certificate copy of Residence or the Study certificate is not enclosed the candidate will be treated as Non-Local.
6. Application shall be submitted in the format enclosed to these guidelines only.

### **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 the irrespective obligations and liabilities without any formal or informal communication.

**CONTRACT REMUNERATION** : The monthly contract remuneration is  
Gross pay to the Basic pay as per the approved ROP list.

**Tentative Dates:**

1. Date of issue Notification : **26.12.2021.**
2. Last Date for Submission of Application : **29.12.2021.**

Medical Superintendent,  
District Hospital, Tekkali  
Srikakulam Dist.

District Coordinator of Hospital Services,  
Srikakulam

**GOVERNMENT OF ANDHRAPRADESH  
RECRUITMENT OF SEVERAL POSTS IN VRDL ON CONTRACT BASIS IN  
TEKKALI, SRIKAKULAM DISTRICT**

**APPLICATION FORM**

REGISTRATION 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;"> <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="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">C</td> <td style="text-align: center;">D</td> <td style="text-align: center;">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-Serviceman/ 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 TO X 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 in correct or false at a later date my candidature will be cancelled summarily.

Name and Signature of  
the candidate

