

ANDHRA PRADESH VAIDYA VIDHANA PARISHAD
NOTIFICATION No.02/2021
RTPCR LAB at District Hospital, Parvathipuram

Notification for Recruitment of certain posts on Contract Basis for **RTPCR LAB at District Hospital, Parvathipuram** under the control of District Coordinator of Hospital Services Vizianagaram

Applications are invited for the following Posts on Contract Basis. Applications shall submit at DCHS Office, District Hospital Campus, Vizianagaram in the prescribed format. The details can be obtained at Vizianagaram District website address <https://vizianagaram.ap.gov.in/>

Total vacancies and remuneration are as follows:-

| Sl. No. | Category | No. of Posts permitted | Qualification | Remuneration to be paid per month |
|---------|---------------------|------------------------|---|-----------------------------------|
| 1 | Research Scientist | 01 | MD, Microbiology | 65,000/- |
| 2 | Research Assistant | 02 | MSC Microbiology with PhD | 30,000/- |
| 3 | Lab Technician | 06 | MLT (Only for Local Candidates) | 25,000/- |
| 4 | Data Entry Operator | 03 | Any Degree with Computer Skills (Only for ITDA Area Candidates) | 15,000/- |
| 5 | Multi Tasking Staff | 03 | 10 th / Intermediate (Only for ITDA Area Candidates) | 12,000/- |
| | TOTAL POSTS | 15 | | |

The number of posts notified may be decreased or increased.

Age Relaxation :

- Upper age limit is 42 years. Age will be reckoned as on 30.12.2021 with relaxations as applicable.
- Relaxations will be as follows:
 - i. For SC, ST, BC candidates: 05 (Five) years.
 - ii. For Ex-service men: 03 (Three) years in addition to the length of service in armed forces.
 - iii. For differently abled persons: 10 (Ten) years & the maximum age limit is 50 Years with all relaxations put together.

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|--|----------------------------------|
| Notification Dated | 30.12.2021 |
| Last Date for submission of Applications at DCHS Office, District Hospital Campus, Vizianagaram | 04-01-2022 before 3:00 PM |

Land Line number: 08922-272670

Collector & District Magistrate
Vizianagaram

ANDHRA PRADESH VAIDYA VIDHANA PARISHAD
NOTIFICATION No.02/2021
RTPCR LAB at District Hospital, Parvathipuram

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 | | | | | | | | | | |
| 5 | Social status (Please tick) | | OC | BC A | BC B | BC C | BC D | BC E | SC | ST | |
| 6 | Annual family Income if claim as Economically weaker section (EWS) (In case below 8 Lakhs) | Rs. | | | | | Certificate Enclosed | | | | |
| | | | | | | | Yes | No | | | |
| 7 | Whether Physically handicapped (Please tick) | Yes | | | | No | | | | | |
| 7(a) | If yes please mention category (please tick) | VH | | HH | | OH | | | | | |
| 8 | Whether Ex-Service man / Women | Yes | | | | No | | | | | |

MARKS OBTAINED IN ELIGIBLE QUALIFICATION EXAMINATION:

| Qualifying Examination | Total Marks | Marks Obtained | % of Marks obtained | Year of Passing |
|------------------------|-------------|----------------|---------------------|-----------------|
| | | | | |
| | | | | |

DETAILS OF SCHOOL EDUCATION:

| CLASS | YEAR OF PASSING | Name of the School | Place of the School | District of the School |
|-------|-----------------|--------------------|---------------------|------------------------|
| IV | | | | |
| V | | | | |
| VI | | | | |
| VII | | | | |
| VIII | | | | |
| IX | | | | |
| X | | | | |

STUDY CERTIFICATES FROM IVth TO Xth SHOULD BE ENCLOSED OTHERWISE ENCLOSE RESIDANCE CERTIFICATE FOR 07 YEARS BEFORE THE YEAR WHICH HE / SHE STUDIED 10TH CLASS, **IF NOT SUBMITTED THE CANDIDATURE OF THE CANDIDATE WILL NOT BE CONSIDERED**

ADDRESS PARTICULARS:

Name :
Father Name :
Husband Name :
House No. :
Street :
Village / Town :
District :
Pin :
Cell No. / Phone No. :
E-mail ID :

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.

Signature of the candidate

ACKNOWLEDGEMENT

Received Application of Sri / Smt / Kum _____
Resident of _____ for the post of _____ with
Regd.No. _____

Date:

Signature of the Officer

Please submit your application as per below Order:

Name of the Post Applying:

- 1. Application Form**
- 2. 10th Class Marks List**
- 3. Intermediate Marks List**
- 4. Caste Certificate**
- 5. PH Certificate (SADAREM Certificate)**
- 6. Ex-Serviceman Certificate**
- 7. Study Certificate (i.e., 4th to 10th class) / Residence Certificate**
- 8. Pass certificate of Qualifying Examination**
- 9. Marks list of Qualifying Examination**
- 10. Registration Certificate**
- 11. Experience Certificate in RTPCR Lab / Covid / Govt. sector**
- 12. Annual Family Income Certificate for Economically Weaker Section (EWS) claiming (If all family members total annual income is below 8.00 lakhs)**
- 13. All Certificates should be In visible state, if any certificate not visible such applications will be rejected at the time of receiving applications**