## జిల్లా పైద్య మరియు ఆరోగ్యశాఖ వారి కార్యాలయము , విశాఖపట్నం

ఆర్ సి నం.153/DAPCU/2022

**න්**ක 10-08-2022

### పత్రికా ప్రకటన

శ్రీ ప్రాజెక్ట్ డైరెక్టర్ , ఆంధ్రప్రదేశ్ స్టేట్ ఎయిడ్స్ కంట్రోల్ సొసైటీ , విజయవాడ ,ఆంధ్ర ప్రదేశ్ వారి ఆదేశాలు ప్రకారం (erstwhile district) విశాఖపట్నంలో గల వివిధ శాఖలలో (వివిధ ఆసుపత్రిలలో ) గల విస్ట్ లను కాంట్రాక్టు పద్దతి పై మెరిట్ మరియు రిజర్వేషన్ ల ప్రకారం నియామకాలు జరుపుటకు అనుమతించిన కారణముగా సంబందిత అర్హతలు గల అభ్యర్ధుల నుండి దరఖాస్తులు కోరడమైనది.

| క్రమ సంఖ్య | ఏోస్ట్ వివరములు మరియు సంఖ <u>్య</u> | విద్యాలర్హతలు |
|------------|-------------------------------------|---------------|
| 7          | వివరాలు జత పరచడమైనది                |               |

పై.అర్హత కలిగిన అభ్యద్దులు ఆన్ లైన్ " $\underline{\text{http://visakhapatnam.ap.gov.in}}$ 

http://visakhapatnam.nic.in సందు పొందపరచిన దరఖాస్తును డౌన్లోడ్ చేసుకోని, తేది 18-08-2022 సాయంత్రం 5.00 గంటల లోపు సదరు దరఖాస్తుతోపాటు విద్యా అర్హతలు మరియు సంధందించిన నకలు కాపిని జిల్లా పైద్య ఆరోగ్యశాఖాదికారి వారి కార్యాలయము, విశాఖపట్నం నందు సమర్పించ కోరుచున్నాము మరియు సంబంధిత పోస్టుల యొక్క రిజిస్ట్రేషన్ మరియు రెన్యువల్ పొందుపరచకపోయిన అటువంటి దరఖాస్తులు అంగికరించబడవు.

గమనిక: సదరు ఏోస్టుల ఖాళీల సంఖ్యలలో స్వల్ప మార్పులు ఉండ వచ్చునని తెలియ చేయడమైనది.

జిల్లా పైద్య మరియు ఆరోగ్య ఈ భీర్తా కాల్ 2

విశాఖపట్నం జిల్లా

టు

సదరు అభ్యద్ధులకు పత్రిక ప్రకటన ద్వారా తెలియ చేయడమైనది.

సదరు నకలు నోటిస్ బోర్డ్ నందు ఈ కార్యాలయంలో ప్రదర్శించడమైనది.

సదరు నకలు జిల్లా పబ్లిక్ రిలేషన్ ఆఫీసర్ (డి. పి.ఆర్. ఓ .) విశాఖపట్నం వారికి ప్రచురునార్ధం

పంపించడమైనది.

సదరు నకలు జిల్లా కలెక్టర్, విశాఖపట్నం వారి సమర్పించడమైనది.

## ANNEXURE

| S.<br>No. | Name of<br>the Post              | No.<br>of<br>vaca<br>nt<br>post | Qualification   |
|-----------|----------------------------------|---------------------------------|---|
| 1         | ART Medical<br>Officer           | 01                              | Essentially be an MBBS, trained by NACO at one of the NACO  |
|           |                                  |                                 | designated training centres  Essential Qualification & Experience: Post Graduate degree / diploma in Psychology/Social Work/ Sociology/ Anthropology/ Human Development/ Nursing; with minimum 1 year experience after PG degree/ diploma, of working in field of counseling in health sector; preferably in HIV/AIDS.  OR  |
| 2         | ICTC-<br>Counselor               | 05                              | Graduate in Psychology/Social Work/ Sociology/ Anthropology/ Human Development/ Nursing; with minimum 3 years experience after graduation, of working in field of counseling in health sector; preferably in HIV/AIDS. In the case of those recruited from the community of people infected with or affected by HIV/AIDS, the experience will be relaxed to a minimum of one year of experience in the field of HIV/AIDS.  Other expertise required: 1. Working knowledge of computers  |
| 3         | ICTC- Lab<br>Technician          | 11                              | Essential Qualification & Experience: Graduate in Medical Laboratory Technology (B.Sc); with minimum 1 year experience after graduation.  OR  Diploma in Medical Laboratory Technology (DMLT); with minimum 2 years experience after diploma. The services of existing LTs who do not hold a DMLT may be continued if they have done a Certificate Course in Medical Laboratory Technology and have more than 5 years' experience of working in the ICTC/ PPTCT/ ART centre run under the National AIDS Control Programme.  Other expertise required: 1. Working knowledge of computers |
| 4         | Staff Nurse                      | 04                              | Qualification: BSc. Nursing/GNM OR ANM with min 3yrs of experience  |
| 5         | Pharmacist                       | 03                              | Pharmacist  1)Degree in Pharmacy from a recognized institute  OR  2)diploma holder in pharmacy with 3 years of experience in health care  Note: Must be registered in the concerned state pharmacy council.   |
| 6         | Blood Bank-<br>Lab<br>Technician | 06                              | Degree in MLT with 2 years experience in the testing of blood and its components.   |
| 7         |                                  | , 01                            | Essential Qualification & Experience: Graduate in Medical Laboratory Technology (B.Sc); with minimum 1 year experience after graduation.  OR  Diploma in Medical Laboratory Technology (DMLT); with minimum 2 years experience after diploma. The services of existing LTs who do not hold a DMLT may be continued if they have done a Certificate Course in Medical Laboratory Technology and have more than 5 years' experience of working in the ICTC/ PPTCT/ ART centre run under the National AIDS Control Programme.  Other expertise required: 1. Working knowledge of computers |

District Medical & Health Officeroz

Visakhapatnam

# 1. METHOD OF SELECTION:

- a. Total Marks: 100
- b. 75% will be allocated for aggregate of marks obtained in all the years in qualifying examination or any other equivalent qualification.
- C. Up to 10 marks @ 1.0 mark per completed year after acquiring requisite Qualification as mentioned in the pass certificate. Weightage will be reckoned up date of notification as per Govt. Memo no.4274/D1/2013, HM&FW (D1) Dept., dt.10.07.2014
- d. Weightage up to 15% will be given to the candidates working on Contract/Outsourcing/Honorarium basis including COVID-19 service as shown below subject to their Satisfactory service certified by the competent authority, as per GO Ms No. 211, HM& FW (B2) Dept., Dt: 08.05.2021, GO Rt No.573 HM&FW (B2) dept. Dt.01.11.2021 and GO Rt No.07 HM&FW (B2) dept. Dt.06.01.2022. Govt.Memo.no. 3740784/B2/2020 of HM&FW (B2) Dept., dt.14.02.2022, Circular No.03/CHFW/2022, of CHFW, AP, dated.11.02.2022. If any individual work less than 6 months for covid, the weightage shall be 0.8 marks per completed month will be awarded.
- e. Weight age to contract employment based on working area:
  - (i) @ 2.5 marks per six months in Tribal Area
  - (ii) @ 2.0 marks per six months in Rural Area
  - (iii) @ 1.0 marks per six months in urban areas
  - (iv) No weightage will be given for the services less than six months for Non-COVID service.
- f. The COVID-19 weightage shall be applicable only to the persons who have rendered their services for COVID-19 on Contract/Outsourcing/ Honorarium basis and are appointed by the District Collector or any other competent authority based on orders issued by Government from time to time and certified by the controlling officers (DMHO / DCHS/Principal of GMC/Superintendent of GGH) to that effect.

(Note: Certificates taken earlier are valid. If additional period of service is there, fresh certificate to that effect shall be obtained and enclosed)

g. The candidates claiming service weight age shall submit original contract/Outsourcing/ Honorarium service certificate in the enclosed proforma issued by competent authority along with copy of appointment orders. Applications without the service certificates as prescribed above will not be considered for service weight age.

(Note: Certificates taken earlier are valid. If additional period of service is there, fresh certificate to that effect shall be obtained and enclosed)

h. Contract service will be reckoned up to the date of notification as per Govt. Memo no.4274/D1/2013, HM&FW (D1) Dept., dt.10.07.2014.

The preference will be given to PLHV (People living with HIV) those who are eligible as per TOR.

## **APPLICATION FORM**

DM&HO Office, VISAKHAPATNAM

## RECRUITMENT FOR THE ..... (on Contract basis)

(

| 1.    | Name of the Candidate                    |              |            |        |       |       |        |    |                          |
|-------|--|--------------|------------|--------|-------|-------|--------|----|--------------------------|
|       | (IN BLOCK LETTERS)                       |              |            |        |       |       |        |    | passport size            |
| 2.(a) | Name of the Father/Husband:              |              |            |        |       |       | Colour | -  | grach and sign<br>oss it |
| ( b)  | Name of the mother                       |              |            |        |       |       |        |    |                          |
| 3.    | Gender ( Male/ Female):                  |              |            |        |       |       |        |    |                          |
| 4.    | Date of Birth / years                    |              |            |        |       |       |        |    |                          |
| 5.    | Social Status ( Please Tick):            | ос           | BC(A)      | BC (B) | BC(C) | BC(D) | BC (E) | SC | ST                       |
|       | TICK).                                   |              |            |        |       |       |        |    |                          |
| 6.    | Whether Physically                       |              | Yes / No p |        |       | perce | ntage  |    |                          |
|       | Handicapped (please tick) and Percentage | VH / HH / OH |            |        |       | •     |        |    |                          |
| 7.    | Whether Ex Service man                   | Yes / No     |            |        |       |       |        |    |                          |

#### 8. DETAILS OF SCHOOL EDUCATION:

| CLASS | YEAR OF<br>PASSING | NAME OF THE SCHOOL | VILLAGE, MANDAL AND DISTRICT IN WHICH STUDIED |
|-------|--------------------|--------------------|---|
| IV    |                    |                    |   |
| V     |                    |                    |   |
| VI    |                    |                    |   |
| VII   |                    |                    |   |
| VIII  |                    |                    |   |
| IX    |                    |                    |   |
| Χ     |                    |                    |   |
|       |                    |                    |   |
|       |                    |                    |   |

Study certificates from IVth to Xth should be enclosed otherwise candidate will be treated as non local.

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#### 9. EDUCATIONAL QUALIFICATION AND MARKS OBTAINED IN THE QUALIFYING EXAMINATION

| Qualifying<br>Examination | College /     | University     |            | Year of passing | Total<br>marks                       | Mark<br>obtai |             | % of Ma           |
|---------------------------|---------------|----------------|------------|-----------------|--------------------------------------|---------------|-------------|-------------------|
|                           |               |                |            |                 |                                      |               |             |                   |
|                           |               |                |            |                 |                                      |               |             |                   |
|                           |               |                |            |                 |                                      |               |             |                   |
|                           |               |                |            |                 |                                      |               |             |                   |
|                           |               |                |            |                 |                                      |               |             |                   |
|                           |               |                |            |                 |                                      |               |             |                   |
| /hether candid            | ate has regis |                |            |                 |                                      |               |             | 0                 |
|                           |               |                | •          |                 | tration no:                          |               |             |                   |
| 0. Details of ex          |               |                |            |                 |                                      |               |             |                   |
| nly to be menti           | ionea (Servic | e done in priv | ate instit | utions/n        | ospitais wii                         | not be        | conside     | ereaj             |
| Name of the               |               | Period         |            |                 | Govt . Hos <sub>l</sub><br>ne worked | oital         | Domo        | rks               |
| position                  | From          | То             | whe        | re ne / si      | ie worked                            |               | Remarks     |                   |
|                           |               |                |            |                 |                                      |               |             |                   |
|                           |               |                |            |                 |                                      |               |             |                   |
|                           |               |                |            |                 |                                      |               |             |                   |
| 1 Add D                   |               |                |            |                 |                                      |               |             |                   |
| .1. Address P             | articulars    |                |            |                 |                                      |               |             |                   |
| Name                      |               |                |            |                 |                                      |               |             |                   |
| S/o, D/o,                 | C/o           |                |            |                 |                                      |               |             |                   |
| D.no                      |               |                |            |                 |                                      |               |             |                   |
| Street                    |               |                |            |                 |                                      |               |             |                   |
| Village/T                 | own           |                |            |                 |                                      |               |             |                   |
| District                  |               |                |            |                 |                                      |               |             |                   |
| Pin Code                  |               |                |            |                 |                                      |               |             |                   |
| Contact n                 | nobile num    | ber            |            |                 |                                      |               |             |                   |
| Email ID                  | (if any)      |                |            |                 |                                      |               |             |                   |
|                           |               | SI             | ELF DECL   | ARATION         |                                      |               |             |                   |
|                           | C mo + ///    | _              |            |                 | •                                    |               |             | D./.              |
| I,<br>V/o                 | Smt/Kum       | n/Sri          | cortify    | <br>that the    | ahove na                             | ticulars      | <br>furnish | D/o<br>n yed by n |
| orrect to the be          |               |                | -          |                 | •                                    |               |             | •                 |
| n my applicatio           | -             | _              | _          |                 |                                      | -             | -           |                   |
| vill be solely he         | ld responsibl | e and consent  | ting for a | ppropriat       | te disciplina                        | ary actio     | n.          |                   |
|                           |               |                |            | Signa           | ture:                                |               |             |                   |
|                           |               | N              | Name of th | he Candi        | date:                                |               |             |                   |

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#### 12. Check list:

Note:- The candidate should submit the following Photostat copies with their self Attestation along with application form, failing which the application will be rejected.

| Sl.no | Certificate Particulars  | Whether<br>enclosed<br>Yes/No |
|-------|--|-------------------------------|
| 1.    | SSC or equivalent examination ( for date of Birth)   |                               |
| 2.    | Intermediate examination or 10+ 2 examination  |                               |
| 3.    | Marks memos for desired qualification  |                               |
| 4.    | Copy of the recent caste / community certificate in case of SC / ST / BC (with categorization) issued by the Revenue authorities Tahasildar /MRO concerned. In the absence of proper caste certificate the candidate will be treated as OC candidate, and OC candidate guidelines will be applicable to this type of candidates. |                               |
| 5.    | Study certificates for the years 4th class to 10th class from the school where the candidate studied (Govt./ZP/Municipal/Aided schools)  |                               |
| 6.    | In case of private study 4th class to 10th class 7 years residence certificate from the Revenue authorities (Tahasildar / MRO) should be enclosed. In the absence of the above study / residence certificates the candidate will be considered as Non-Local  |                               |
| 7.    | Copy of the latest Physically Handicapped certificate issued<br>by the Regional Medical Board or SADAREM in respect of<br>candidates claiming age relaxation under PH Quota  |                               |
| 8.    | Relevant certificates in respect of Ex- Service man Quota for claiming age relaxation.   |                               |
| 9.    | Work Experience certificate to be submitted for weightage of marks ( experience certificate worked as Physiotherapist from any Govt.Institution will only be considered.)  |                               |
| 10.   | PLHIV candidates should submit their HIV report  |                               |

| Station:  | Signature of the candidate |
|-----------|----------------------------|
| Station i | Signature of the canadate  |

Date:

Note:

1. The application submitted without the required certificates and incomplete Applications will be rejected summarily.

#### **GOVERNMENTOFANDHRAPRADESH**

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/<br>Rural/Trib | Pe   | eriod |          | Reasons<br>for break<br>in service<br>(if any) | Charges<br>/allegation             |  |
|-------------------------|----------------------|------|-------|----------|--|------------------------------------|--|
|                         | al (or)<br>Covid-19  | From | То    | Duration |  | s<br>/adverse<br>remarks<br>if any |  |
|                         |                      |      |       |          |  |                                    |  |
|                         |                      |      |       |          |  |                                    |  |
|                         |                      |      |       |          |  |                                    |  |

#### I hereby declare that:

- 1. His /her services as ......on 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)

<u>Imp. Note</u>: The self attested copy of appointment order must be en-closed along with this service certificate, otherwise weightage for Contract/Outsourcing/honorary service will not be considered for final merit.