

**OFFICE OF THE DISTRICT TB CONTROL OFFICER:: SRIKAKULAM
NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME (NTEP)**

Notification

Applications are invited for the following Posts to work in District TB Control Office, Srikakulam in Various Categories on Contract Basis & Outsourcing Basis as mentioned details below.

Sl. No	Category/ Job Title	No. of Posts Sanctioned	Remuneration per Month	Essential Qualification/ Requirements	Preferential Qualification
1.	Senior Treatment Supervisor (STS) (Contract basis)	1	Rs. 33,975/-	Bachelor's Degree or recognized Sanitary Inspectors Course Certificate course in computer operation (Min Two Months) Permanent two wheeler driving license & should be able to drive two wheeler	Tuberculosis health visitor's recognized course Govt. recognized degree/ diploma in Social work or Medical Social work Successful completion of basic training Course (Govt. recognized) for Multi-purpose health workers
2.	Senior TB Laboratory Supervisor (STLS) (Contract basis)	1	Rs. 33,975/-	Graduate Diploma in Medical Laboratory Technology or equivalent from a Govt. recognized institution Permanent two wheeler driving license & should be able to drive two wheeler and Certificate course in computer operations (minimum two months)	Minimum one year Experience in NTEP
3.	Data Entry Operator (Outsourcing basis)	1	Rs. 15,000/-	SSC & Inter with Diploma in Computer application or Equitant recognized by council for technical education /DOEACC and Typing speed of 40 w.p.m English and local languages and should be well conversant with various computer programming including MS Word, Excel and Simple Statistical packages.	At least one year Experience in related filed.

The application should be submitted in the District TB Control Office, Room No. 24, RIMS Hospital, Balaga, Srikakulam during the working hours i.e. **09.00 AM to 5.00 PM from 16.08.2021 to 22.08.2021**

Sd/- LATHKAR SHRIKESH,
Collector & District Magistrate
Srikakulam

NOTIFICATION

DISTRICT TB CONTROL OFFICE, SRIKAKULAM
DISTRICT HEALTH & FAMILY WELFARE SOCIETY,
NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME (NTEP)

Notification for the Recruitment drive for the posts., like **Senior Treatment Supervisor (Contract Basis) /Senior TB Lab Supervisor (Contract Basis) / Data Entry Operator (Outsourcing basis)** Posts in the District TB Control Office, Srikakulam Under the District Health & Family Welfare Society (NTEP), Srikakulam.

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																
2.a	Name of the father																		
2.b	Name of the Mother																		
2.c	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 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><td></td></tr></table>	OC	BC	BC	BC	BC	BC	SC	ST	A	B	C	D	E				Note: If the ST Candidate Comes under Local Scheduled area please submit their Local Scheduled Area Certificate issued by the Concerned MRO's
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 IVth TO Xth 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 (As per the questions mentioned in the notification)	% of Marks obtained

EXPERIENCE in Govt.Sector:

Sl. No	Name of the PHC	Experience		No of Years Completed
		From	To	
1.				
2.				
3.				

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

Please submit your application
below Order:

1. Check List

2. Application Form

3. 10th Class Marks List

4. Caste Certificate

5. PH Certificate (SADARAM Certificate)

6. Study Certificate (i.e., 4th to 10th class)

7. Education Qualification (i.e., Technical Education)

8. Registration Certificate

9. Experience Certificate (Govt. Service Only)