

SRI KRISHNADEVARAYA UNIVERSITY
ANANTAPURAMU – 515 003
NOTIFICATION

Notification No. SKU/N.T. Estt/E1/21

Dated:12.08.2021

Sri Krishnadevaraya University, Anantapuramu invites application for the post of **one Lady Medical Officer** to work S.K.U Health Centre on contractual basis for a period of one year on consolidated remuneration Rs.50,000/- (negotiable based on the performance).

Further details regarding qualification, eligibility and format of application, please visit University web site: skuniversity.ac.in

Last date of receipt of application is fixed on or before 31st August,2021

S.VPuram

REGISTRAR

Dated:12.08.2021

INSTRUCTIONS

1. The Candidates will be informed at a later date to attend for interview.
2. The candidate are required to bring their passport size photos(2) latest bio-data certified copies of their qualification, previous experience and other certificate if any along with Original Certificates for verification.
3. No TA and DA will be paid to the candidates.
4. The Selected Candidate shall stay in the University staff quarters.
5. The University reserves right to fill or not fill position depending on interview

1. Eligibility:-

- a) Candidates should have passed MBBS Degree examination included in the Schedule -1 of the MCI Act, 1956 as amended from time to time and from a College recognized by the Medical Council of India.
- b) Must be registered (on Permanent basis) with State Medical Council of Andhra Pradesh.
 - c) In case Candidates who studied MBBS in Abroad must have registered (on Permanent basis) with State Medical Council of Andhra Pradesh.

2. FEE: Each applicant must pay an amount of Rs.1000/-

The application fees should be paid through online to the account No.152210011000303 and IFSC Code UBIN0815225 Union Bank of India in the name of The Registrar, S.K.University, Anantapuramu the transaction reference ID should be mentioned in the form of application. The applications without fee will be rejected summarily.

3. HOW TO APPLY :-

1. Candidates shall submit filled applications form through Registered Post/Speed Post in the name of The Registrar, S.K.University, Anantapuramu.
2. Visit SKU web site :<http://www.skuniversity.ac.in>.
3. The xerox copies of the following certificates should be enclosed along with applications.
 - a) Aadhar Card
 - b) Photo size
 - c) SSC or equivalent certificate (for Date of Birth)
 - d) Latest Caste Certificate in case of SC/ST/BC (with categorization if any) issued by MRO concerned. In the absence of proper caste certificate, the candidate will be considered as OC candidate.
 - e) In case of Physically Challenged person, Latest certificate issued by Medical Board.
 - f) In case of Ex-servicemen, relevant certificate issued by competent authority shall be uploaded online.
 - g) Certificate of permanent Registration in AP State Medical Council constituted under MCI Act.
 - h) MBBS Degree Certificate /Provisional
 - i) Internship completion certificate
 - j) MBBS aggregate of marks obtained in all the years in qualifying the examination.
 - k) Service certificate from the competent authority concerned.



SRI KRISHNADEVARAYA UNIVERSITY

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RECRUITMENT OF LADY MEDICAL OFFICER

Affix Recent Photograph

Advertisement No.

Details of Demand Draft:

Amount	Online Ref.No	Date	Name of the Bank
1000-00			

1. (a) Applicant's Name:
(in full & in caps)
Aadhar No :

(b) Father's Name :

(c) Mother's Name :

2. Date of Birth & Age (in completed years):
DB (attested copy enclosed)
Age: (Y/M)

3. Place of Birth Place: _____ District: _____

4. (a) Nationality _____ (b) Religion _____ (c) Gender: Male / Female

5. (a) Address for Communication _____

 _____ (b) Permanent Address _____

Pin Code _____ Phone _____ Pin Code _____ Phone _____
 Mobile: _____ e-mail _____

6. Reservation Category, if any (put ✓ mark), (enclose an attested copy of the Caste Certificate issued by the competent authority).

SC	ST	PH
		HH/VH/OH

7. Previous experience(enclosed service certificate)

Sl.No	Name of the Institution	Length of service		Total
		From	To	

8. a) Academic Qualifications (attested copies enclosed):

Name of the Degree	Percentage and Division	Month & year of passing	Name of the University with place

b) Are you registered with MCI/MCAP : Yes/No

If yes, mention the Registration No _____ date _____ (enclose copy)

DECLARATION TO BE SIGNED BY THE CANDIDATE

I hereby declare that the information furnished in this application is true to the best of my knowledge and belief. If at any stage it is found that the particulars furnished by me are false and suppressed facts my candidature/ application/appointment, if any, is liable to be rejected/ cancelled.

Date:

Signature of the Applicant

