జిల్లా పైద్య ఆరోగ్యశాఖాదికారి వారి కార్యాలయము , విశాఖపట్నం

రిక సంఖ్య .1222/ఇ2/2 O21

්ර . .09.2021.

పల్రికా ప్రకటన

శ్రీ కమీషనర్ , వైద్య & ఆరోగ్య శాఖ మరియు మిషన్ డైరెక్టర్ ఎస్.హెచ్.ఏం. విజయవాడ ఆంధ్రప్రదేశ్ వారి ఉత్తర్వులు ఆర్ సి.111/SPMU-NUHM/2020 తెద్ది. 20-09-2021 ను అనుసరించి విశాఖపట్నం లో గల వివిద పై.ఎస్.ఆర్.అర్బన్ క్లినిక్స్/యు.పి.హెచ్.సిస్ నందు పనిచేయుటకు గాను ఈ క్లింది తెలిపిన వోస్టులను కాంట్రాక్ట్ ,/ ఔట్స్ ర్పింగ్ పద్ధతి పై అర్హతి, అనుభవము మరియు రూల్ ఆఫ్ రిజర్వేషన్ పై నియామకములు జరుపుటకు అనుమతించిన కారణముగా దరిఖాస్తులు కోరడమైనది.

క్రమ సంఖ్య	పోస్ట్ వివరములు	బాళీల సంఖ్య	విద్యా అర్హతలు	పారిలోపికం (జీలిం)
l	STAFF NURSE (CONTRACT)	139	GNM/BSc.,(N) with updated council registration	Rs. 34,318 /- pm
2	LAB TECHNICIAN (CONTRACT)	40	DML/TMLT/B.Sc (MLT) with updated council registration	Rs. 28,000 /- pm
3	DATA ENTRY OPERATOR (OUT SOURCING)	59	Any Degree with minimum 3 months computer course certificate	Rs.15,000 /- pm
4	LAST GRADE SERVICES (OUT SOURCING)	67	10 th Pass	Rs. 12,000 /- pm

పై అర్హత కలిగిన అద్యర్ధులు ఆన్ లైన్ "<u>http://visakhapatnam.ap.gov.in</u> http://visakhapatnam.nic.in " నందు పొందపరచిన దరఖాస్తును డౌన్లోడ్ చేసుకోని , తేది 30-09-2021 సాయంత్రం 5.00 గంటల లోపు సదరు దరబాస్తుతోపాటు విద్యా అర్హతలు నకలలు కాపీని జిల్లా పైద్య ఆరోగ్యశాబాదికారి వారి కార్యాలయము . విశాబపట్నం నందు సమర్పించ కోరుచున్నాము మరియు సంబందిత ఏోస్టుల యొక్క రిజిస్టేషన్ మరియు రెన్యువల్ హిందుపరచకపోయిన అటువంటి దరఖాస్తులు అంగికరించబడవు.

డేటా ఎంట్రీ ఆపరేటర్ ఏోస్టు నకు దరకాస్తు చేసుకున్న అబ్యర్ధులు ఎంపిక ముందు నేషనల్ ఇన్ఫర్మేషన్ సెంటర్ విశాఖపట్నం వారు నీర్వహించు పరీక నెందు అర్హత సాదించవలెను. గమనిక: సదరు పోస్టుల ఖాళీల సంఖ్యలలో స్వల్ప మార్పులు ఉండ ఎచ్చునని తెలియ చేయడమైనది.

> సం/- డాక్టర్ పి ఎస్ సూర్యనారాయణ జిల్లా పైద్య ఆరోగ్యశాఖాదికారి విశాఖపట్నం.

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సదరు అభ్యర్ధులకు పల్రిక ప్రకటన ద్వారా రెలియ చేయడమైనది. సదరు నకలు నోటిస్ బోర్డ్ నందు ఈ కార్యాలయంలో ప్రదర్భించడమైనది. సదరు నకలు జిల్లా పబ్లిక్ రిలేషన్ ఆపీసర్ (డి. పి.ఆర్. ఓ .) విశాఖపట్నం వారికి ప్రచురున్నార్లం పంపించడమైనది.

సదరు నకలు జిల్లా కలెక్టర్, విశాఖపట్నం వారి సమర్పించడమైనది

committee as

OFFICE OF THE COMMISSIONER, HEALTH & FAMILY WELFARE & MISSION DIRECTOR, NATIONAL HEALTH MISSION, A P

Rc.No.111/SPMU-NUHM/2020

Date: 20/09/2021

Sub:- NUHM - Filling up of Staff Nurses, Lab Technicians, DEOs and Last Grade services posts through District selection committee to work in YSR Urban Clinics / UPHCs - Reg

Ref.- 1. G O Rt No 686, HM8FW (D1) Dept., dt 09/11/2020

2. G O Rt.No 367, HM&FW (D1) Dept., dt 12/07/2021

G.O.Rt.No.301, HM&FW (D1) Dept. dated. 20-06-2020.

4. Circular Instructions No. 111/SPMU/NUHM/2020, 21/07/2021

In the reference 1st & 2nd cited, Government have accorded permission to the Commissioner. Health & family Welfare to fill up certain posts in the cadre of Staff Nurses and Lab Technicians on Contract basis and Data Entry Operators & Last Grade Service employees on outsourcing basis.

Further to inform that as the instructions were issued vide reference 2nd cited, Government have issued orders to adjust certain categories of 104 surplus staff to in Dr YSR Urban Clinics and same was completed. Accordingly, 1010 staff nurses 242 Lab technicians, 325 DEOs and 382 Last grade services staff are to be recruited in YSR Urban Clinics through District Selection Committees as detailed below.

S.No	District	Lab Technicians	Staff Nurses	DEOs	Last Grade Services
1	Srikakulam	0	31	0	6
2	Vizianagaram	0	38	9	7
3	Visakhapatnam	40	139	59	67
4	East Godavari	13	77	17	19
5	West Godavari	8	59	17	21
6	Krishna	42	124	44	53
$\frac{3}{7}$	Guntur	47	137	69	71
8	Prakasam	5	48	2	77
9	Nellore	18	60	11	31
10	Chittoor	20	67	21	21
11	Kadapa	9	66	20	15
12	Anantapur	18	87	26	33
13	Kurnool	22	76	30	31
13	Total	242	1010	325	382

Make

Therefore, the chairpersons, District Selection committees are requested up the posts of Staff Nurses & Lab Technicians on contract basis and Data and Data

Issue of notification	20/09/2021	
Call for applications	20/09/2021 to 30/09/2021	
Scrutiny of applications	01/10/2021 to 05/10/2021	
Display of provisional merit list	05/10/2021	
Redressing grievances and Display of final merit list	08/10/2021	
Issue of appointment orders	11/10/2021	

Recruitment shall be done strictly as per rules and all guidelines should be followed.

This has got the approval of the Commissioner, H&FW and MD, NHM

STATE NODAL OFFICER

To

All the District Collectors in the state
All the Joint Collectors (V&WS and Development) in the state.
All the District Medical & Health Officers in the state.

Copy to the Director of Public Health & Family Welfare, A.P.

APPLICATION FOR THE POST OF STAFF NURSE

(TO WORK ON CONTRACT BASIS)
ANDHRA PRADESH MEDICAL AND HEALTH SERVICES

Re	ega. No.			Application	on No.:			
		(7	To be given by DM & H	O/ Office for their	respective c	adre)		
1.	Name of th (in Block Le		: :-					
2.	Name of th	Name of the Father :-						
3.	Name of th	e Mother	:-			Latest Passpo	ort siz	ze
4.	Name of H	ame of Husband/ Wife(if married) :-					noto	
5.	Gender:		6. Date of Birth & Age:					
7	Religion:		8. OC/BC-A,BC-B,BC-C, BC-E/SC/ST:-	BC-D,				
9	Address		House Number : Village / Town : District : Pin code : Phone : Aadhar Number : Email id :					
10		_	nysically handicapped ed by Medical Board to b	pe enclosed):	YES/	No		
11	_		emen; length of service in ect to be enclosed):	n armed force	YE	S/No		
12	NATIVITY (A	As per certi	ficate issued by Tahasilda	ar (Under the provisi	ion of			
	Study Certificat	es	School Name	Village	Mandal	Distri	CT I	r of sing
	4th							
	5th							
13	6th							
	7th							
	8th							
	9th							
	10th							
14	SSC Marks Name of sc		Year of	passing	Certif	icate enclosed YES	5/No	
15	Inter marks Name of Co		Year of passing	C	ertificate encl	osed YES/No		
16	GNM /BSc Name of Co	_	visional: Year of passing	5	Certificate e	nclosed YES/No		
17	GNM /BSc		rks list	C	Certificate encl	osed YES/No		
18	Nursing cou	unsel regist	ration		ertificate encl			
19	Nursing counsel registration Renewal Certificate enclosed YES/No							
20	Experience Contract/O		in Govt. Sector basis	С	ertificate encl	osed YES/No		
21.	Marks obta	ined in Acad	demic & Technical Qualif	ication Exam:				
	ype of dification	Examinati	se specify Qualifying on (SSC/ Inter/ Technical ertificate Course)	Month & Year of Passing	Maximum Marks	Marks Obtained	Percentage Marks	of
Academic Intermediate								

DECLARATION

I do hereby declare that all the above facts are true and correct. I further declare that if anything found incorrect I shall be liable for termination from service with immediate effect without any notice.

GNM Diploma / BSc(Nursing)

Technical

REQUIRED DOCUMENTS

1.	Filled in Application Form	Yes / No				
2	Attested copy of latest Caste Certificate	Yes / No				
3.	Attested copy of marks memo of SSC or equivalent certificate (for Date of Birth & marks)	Yes / No				
4	Attested copies of study certificates from Class IV to Class X where the candidate studied	Yes / No				
5	Attested copy of latest Nativity certificate issued by Tahasildar (Under the provision of G.O.Ms.No.3 Social Welfare (Tribal Welfare Edn.II) Department Dated: 10-01-2000					
6.	Attested copy of GNM Diploma / BSc (Nursing) Certificate Course Certificate of qualifying Technical Examination	Yes / No				
7.	Attested copy of Intermediate Marks Memo / Academic qualifying examination marks memo	Yes / No				
8.	Attested copy of Latest Physically Handicapped certificate (if applicable)	Yes / No				
9	Attested copy of Latest Ex-Servicemen certificate (if applicable)	Yes / No				
10.	Attested copy of Nursing counsel registration certificate enclosed	Yes / No				
11.	Attested copy of Nursing counsel renewal certificate enclosed	Yes / No				
12	Experience certificate in AP Govt. sector (Contract/Outsourcing basis)	Yes / No				

APPLICATION FOR THE POST OF PHARMACIST GR.II / LAB TECHNICIAN (TO WORK ON CONTRACT BASIS) ANDHRA PRADESH MEDICAL AND HEALTH SERVICES

R	egd. No.			Applic	ation No.:		
		(To be	given by DM & HO	/ Office for tl	neir respect	tive cad	lre)
1.	Name of the	ne Applicant :- etters)					
2.	Name of th	ne Father :-					
3.	Name of th	ne Mother :-	Latest Passport size				
4.	Name of H	usband/ Wife(if ma		photo			
5.	Gender:	ender: 6. Date of Birth & Age:					
7	Religion:		C/BC-A,BC-B,BC-C,BC C-E/SC/ST :-	-D,			
9.	Address	Vil Di Pir Ph Aa	ouse Number : lage / Town : strict : n code : one : dhar Number :			- '	
10.		belongs to Physic ertificate issued b	ally handicapped y Medical Board to be	enclosed):		YES/N	0
11.	(Certifica	te to that effect t				YES/	/No
12.			e issued by Tahasildar			_	1
		Certificates	School Name	Village	Mandal	Distri	ct Year of passing
	4th						
	5th						
13.	6th						
	7th						
	8th						
	9th						
	10th						
14	SSC Mark		Year of passing Name of school		Certificat	e enclos	sed YES/No
15	Inter mar	ks list	Year of passing Name of College		Certificat	e enclos	sed YES/No
16	LT/ Ph.GR.II Provisional: Year of passing Certificate enclosed YES/No Name of College						
17.	LT/ Ph.GR.II Marks list Certificate enclosed YES/No						
18.	Nursing counsel registration Certificate enclosed YES/No						
19.	Nursing c	ounsel registratio	n Renewal		Certifica	ate encl	osed YES/No
20.	•	ce certificate in G			Certificat	e enclo	sed YES/No
21		/Outsourcing bas Itained in Acade	mic & Technical Qu	alification Ex	 am:		

Type of Qualification	Please specify Qualifying Examination (SSC/ Inter/ Technical Certificate Course)	Month & Year of Passing	Maximu m Marks	Marks Obtained	Percentage of Marks
Academic	SSC /Intermediate				
Technical	Diploma in Pharmacy/ Lab Technician				

DECLARATION

I do hereby declare that all the above facts are true and correct. I further declare that if anything found incorrect I shall be liable for termination from service with immediate effect without any notice.

REQUIRED DOCUMENTS

		1				
1.	Filled in Application Form	Yes / No				
2	Attested copy of latest Caste Certificate	Yes / No				
3.	Attested copy of marks memo of SSC or equivalent certificate (for Date of Birth & marks)	Yes / No				
4	Attested copies of study certificates from Class IV to Class X where the candidate studied	Yes / No				
5	Attested copy of latest Nativity certificate issued by Tahasildar (Under the provision of G.O.Ms.No.3 Social Welfare (Tribal Welfare Edn.II) Department Dated: 10-01-2000					
6.	Attested copy of Pharmacy / Lab Technician Course Certificate of qualifying Technical Examination	Yes / No				
7.	Attested copy of Intermediate Marks Memo / Academic qualifying examination marks memo	Yes / No				
8.	Attested copy of Latest Physically Handicapped certificate (if applicable)	Yes / No				
9	Attested copy of Latest Ex-Servicemen certificate (if applicable)	Yes / No				
10.	Attested copy of Para Medical Board counsel registration certificate enclosed	Yes / No				
11.	Attested copy of Para Medical Board renewal certificate enclosed	Yes / No				
12	Experience certificate in AP Govt. sector (Contract/Outsourcing basis)	Yes / No				

APPLICATION FOR THE POST OF_

(TO WORK ON CONTRACT BASIS) ANDHRA PRADESH MEDICAL AND HEALTH SERVICES

R	Regd. No.			Applic	ation No.:				
		(To be	e given by DM & HO	Office for tl	neir respect	tive cadre)			
1.	Name of th	ne Applicant :- etters)							
2.	Name of th	ne Father :-							
3.	Name of th	ne Mother :-				La	atest Passport	size	
4.	Name of H	usband/ Wife(if m.	arried):-				photo		
5.	Gender:	6. [
7	Religion:		OC/BC-A,BC-B,BC-C,BC- C-E/SC/ST :-	D,					
9.	Address	Vi Di Pi Pł Aa	ouse Number : Ilage / Town : strict : n code : none : odhar Number : nail id :						
10.		Whether belongs to Physically handicapped (Latest Certificate issued by Medical Board to be enclosed):							
11.	If belongs to Ex-Servicemen; length of service in armed force (Certificate to that effect to be enclosed):								
12.	NATIVITY	(As per certificat	e issued by Tahasildar	(Under the pr	ovision of				
	Study (Certificates	School Name	Village	Mandal	District	Year of passing		
	4th								
	E+h								

	Otti				
	9th				
	10th				
14	SSC Marks list	Year of passing Name of school	Certifica	te enclosed YES/No	
15	Inter marks list	Year of passing Name of College	Certifica	te enclosed YES/No	
16	LT/ Ph.GR.II Provisional	: Year of passing Name of College	Certific	ate enclosed YES/No	
17.	LT/ Ph.GR.II Marks list		Certificate	enclosed YES/No	
18.	Nursing counsel registrat	ion	Certifica	te enclosed YES/No	
19.	Nursing counsel registrat	ion Renewal	Certific	ate enclosed YES/No	
20.	Experience certificate in Contract/Outsourcing ba		Certifica	te enclosed YES/No	

21. Marks obtained in Academic & Technical Qualification Exam:

6th

7th

13.

Type of Qualification	Please specify Qualifying Examination (SSC/ Inter/ Technical Certificate Course)	Month & Year of Passing	Maximu m Marks	Marks Obtained	Percentage of Marks
Academic	SSC /Intermediate				
Technical	Diploma in Pharmacy/ Lab Technician				

DECLARATION

I do hereby declare that all the above facts are true and correct. I further declare that if anything found incorrect I shall be liable for termination from service with immediate effect without any notice.

REQUIRED DOCUMENTS

1.	Filled in Application Form	Yes / No		
2	Attested copy of latest Caste Certificate	Yes / No		
3.	Attested copy of marks memo of SSC or equivalent certificate (for Date of Birth & marks)	Yes / No		
4	Attested copies of study certificates from Class IV to Class X where the candidate studied	Yes / No		
5	Attested copy of latest Nativity certificate issued by Tahasildar (Under the provision of G.O.Ms.No.3 Social Welfare (Tribal Welfare Edn.II) Department Dated: 10-01-2000			
6.	Attested copy of Additional Qualification	Yes / No		
7.	Attested copy of Intermediate Marks Memo / Academic qualifying examination marks memo	Yes / No		
8.	Attested copy of Latest Physically Handicapped certificate (if applicable)	Yes / No		
9	Attested copy of Latest Ex-Servicemen certificate (if applicable)	Yes / No		
10	Experience certificate in AP Govt. sector (Contract/Outsourcing basis)	Yes / No		
11	Other related documents	Yes/No		