

జిల్లా వైద్య ఆరోగ్యశాఖాధికారి వారి కార్యాలయము , విశాఖపట్నం

రిక సంఖ్య. 1012/E2/2024

తేది.02.04.2025

పత్రికా ప్రకటన

శ్రీ డైరెక్టర్, ఆరోగ్య మరియు కుటుంబ సంక్షేమ శాఖ ఆంధ్రప్రదేశ్ , విజయవాడ వారి ఆదేశాలు అనుసరించి , జిల్లా వైద్య మరియు ఆరోగ్య శాఖ, విశాఖపట్నం వారి ఆదర్శంలో విశాఖపట్నం లో గల ప్రాథమిక ఆరోగ్య కేంద్రముల యందు ఒక ఏడాది కాలమునకు పనిచేయుటకు గాను ఈ క్రింది తెలిపిన పోస్టులను బెట్రోర్సింగ్ పద్ధతి పై మెరిట్ మరియు రిజర్వేషన్ ల ప్రకారము నియామకములు జరుపుటకు అనుమతించిన కారణముగా దరఖాస్తులు కోరడమైనది.

క్రమ సంఖ్య	పోస్ట్ వివరములు	ఖాళీల సంఖ్య	RoR (Roaster of Reservation)		Salary (Per Month)
1	<u>Sanitary Attender cum Watchman</u> (Outsourcing) (Office Subordinate /Sweeper)	06	OC	01	15,000/-
			OC-PH (VH) (W)	01	
			BC-B (W)	01	
			SC (W)	02	
			SC	01	

SI. No	Name of the post	Education Qualification
01	<u>Sanitary Attender cum Watchman</u> (Outsourcing) (Office Subordinate /Sweeper)	Must have pass SSC/10th class or its equivalent from a recognized board. Selection shall be made on the merit of marks obtained.

నోట్: సదరు పోస్టుల ఖాళీల సంఖ్య హెచ్చు తగ్గులు ఉండవచ్చునని తెలియ చేయడమైనది.

కావున ఆసక్తిగల అభ్యర్థుల <http://visakhapatnam.ap.gov.in> or <http://visakhapatnam.nic.in> నందు ఉంచబడిన దరఖాస్తును నింపి తత్సంబంధిత ద్రువపత్రములతోపాటు తేదీ 07.04.2025 సమయం సాయంత్రం 05.00 గంటలలోపు జిల్లా వైద్య ఆరోగ్యశాఖాధికారి వారి కార్యాలయము , విశాఖపట్నం నందు దరఖాస్తు చేసుకోవలసిందిగా కోరుతున్నాము.

P. Rayalu
జిల్లా వైద్య ఆరోగ్యశాఖాధికారి 24/4/25
విశాఖపట్నం 24/4/25

టు

సదరు నకలు నోటిస్ బోర్డ్ నందు ఈ కార్యాలయంలో ప్రదర్శించడమైనది.

డి. పి.ఆర్. ఓ . విశాఖపట్నం వారికి ప్రచురునార్థం పంపించడమైనది.

ఇందలి ప్రతి జిల్లా కలెక్టర్, విశాఖపట్నం వారి సమర్పించడమైనది

GOVERNMENT OF ANDHRA PRADESH
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 at on 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/ Rural/Tribal (or) Covid-19	Period		Duration	Reasons for break in service (if any)	Charges /allegations /adverse remarks if any
		From	To			

I hereby declare that:

1. His /her services ason 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)

Imp. Note: 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.

<p>GOVERNMENT OF ANDHRA PRADESH <u>HM&FW Department</u> <u>(Notification No: /2022, Date: 02.2022)</u> Recruitment to the various posts to work on contract basis/Out Sourcing basis in Govt. Health facilities</p>	
<p>Application for the Post of : </p> <p>Application No. (to be filled by the office)</p>	<p>Affix Pass port size latest color photograph</p>

1	Name of the Candidate	
2	Gender	
3	Fathers Name	
4	Date of Birth (DD-MM-YYYY)	
5	Social Status (OC/OC-EWS/SC/ST/BC-A,B,C,D,E)	
6	Whether claiming for service weightage for Contract / Outsourcing service (enclose contract / outsourcing service certificate)	Yes / No
7	Whether Physically Handicapped (VH/HH/OH) (SADAREM Certificate to be enclosed)	
8	Whether claiming EWS reservation (copy of the certificate enclosed)	
9	Whether Ex-Servicemen (enclose Service Certificate)	Yes / No
10	Mobile number of the applicant	
11	DD particulars	DD.No. Date: Amount:

12	<u>Address for communication:</u>

Marks obtained in the requisite Academic / Professional /
Technical qualification

Qualification	Maximum Marks	Marks obtained	Year of passing (Month & Year)	Whether registered in respective council (Yes/No)

Details of Contract/Outsourcing/Honorarium service as on. 08.2022:

Sl. No	Name of the Institution	Contract / Out-sourcing	Urban /Rural / Tribal(or) Covid-19	Period of service		Total period (Years–Months–Days)	Service certificate issued by the competent authority enclosed (yes/no)
				From	To		

Details of School studies from 4thClass to 10thClass (for local status):

Sl. No	Class	Year of passing	Name of the School	Town and District
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			

6	IX			
7	X			

DECLARATION

I, Smt/Kum/Sri.....D/o or S/o or W/o.....do hereby declare that, above particulars furnished by me are true to the best of my knowledge. I agree that in the event of any of the details furnished above being found to be incorrect or false at a later date, my candidature will be forfeited summarily.

Signature of the applicant

APPENDIX-I

CERTIFICATE OF RESIDENCE

(Vide Sub-Clause (ii) of Clause (a) para 7 of the Presidential order) It is hereby certified,

(a) That Sri/Srimathi/Kumari_____

S/o.W/o,D/o_____appeared for the first time for the matriculation(S.SC) Examination in (month)_____year;

(b) That he/she has not studied in any educational institution during the whole or a part of the 4 consecutive academic years ending with the academic year in which he/she first appeared for the aforesaid examination;

(c) That in the 4 years immediately preceding the commencement of the aforesaid examination, he/she resided in the following place/places namely,

	Village	Taluk	District	Period
1.				
2.				
3.				
4.				
5.				
6.				
7.				
Station:	OFFICE SEAL		Officer of Revenue Department not	
Date:			Below the rank of Tahsildhar or	
			Deputy Tahsildhar in independent	
			Charge Of a Sub Taluk	

Date:

*Strike off 'whole' 'a part', as the case may be.