NOTIFICATION

HEALTH & FAMILY WELFARE DEPARTMENT

Notification for the recruitment drive for the posts under Dr YSR Health Clinic'S/UPHC For Certain Category of Posts Under the Administrative Control of District Medical & Health Officer, Vizianagaram on Contract Basis/Out Sourcing Basis.

Rc.No.CR.1873/E1/E5/2021.

Applications are invited for the Posts of Staff Nurses ,DEO s &Last Grade Services to work in Dr YSR Urban Health Clinics/UPHC's Under the Administrative Control of District Medical &Health Officer, Vizianagaram on Contract Basis /Out Sourcing Basis from the qualified candidates for filling up of Staff Nurse , on Contract basis & DEO s &Last Grade Services out Sourcing Basis Through APCOS in Vizianagaram District as noted here under, Applications shall furnish to the DMHO, Vizianagaram in the prescribed format. The details can be obtained at Vizianagaram District website address www.vizianagaram.nic.in

Si.		No. of	Qualification
No	Category	posts	
110		sanctioned	
1	Staff	37	B.Sc.Nursing/General Nursing & Midwifery course from
	Nurse		Govt./Govt.reg. Nursing Institute and Regn. of Nursing council
			., up to date Renewal.
			The Experience certificate on Contract /Out -Sourcing should
			be enclosed.
2	DEO's	09	Qualified in any Degree from recognized University along
			Computer Certificate and also Knowledge in English &Telugu)
			(The Experience certificate on Contract /Out -Sourcing should
			be enclosed)
3	Last	07	10 th Class or Equivalent.
	Grade		(The Experience certificate on Contract /Out -Sourcing should
	Services		be enclosed)

Note: The Chairmen of Selection Committee empowered to Increase or Decrease or Stoppage of Notification at any time.

The Schedule for recruitment of paramedical and supporting staff is as follows:

Date of issue of Notification	20.09.2021
Last Date of receipt of application	From 20.09.2021 to 30.09.2021
Scrutiny of applications	From 01.10.2021 to 05.10.2021
Publishing provisional merit list	05.10.2021
Redressing grievances and display final merit list.	08.10.2021
Issue of appointment orders	11.10.2021

Sd/-District Medical &Health Officer Vizianagaram Sd/-Collector &Chairman District Selection Committee Vizianagaram

HEALTH & FAMILY WELFARE DEPARTMENT

Notification for the recruitment drive for the posts under Dr YSR Health Clinic'S/UPHC For The Post of **Staff Nurse** Posts Under the Administrative Control of District Medical &Health Officer, Vizianagaram on Contract Basis/Out Sourcing Basis.

APPLICATION FORM

	STRATIN NO: E FILLED BY THE OFFICE)		
POST	FOR WHICH APPLICATION	MADE	
1	Name of the Candidate		
2a	Name of the father		
2b	Name of the Mother		Paste photograph
2c	Name of Husband / wife (if married)		here and sign across it
3	Sex		
4	Date of Birth and age		
5	Social status (Please tick)	OC BC BC BC BC BC A B C D E	C SC ST
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 STU	DIED
IV			
V			
VI			
VII			
VIII			
IX			
X			
CELIDA CEDEN	TICATES EDOLG HALL TO	//L CHOLLED DE ENCLOCED	OTT IEDIA

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 (GNM/B.Sc(N))	% of Marks obtained

EXPERIENCE in Govt.Sector:

Sl.	Name of the PHC	Expe	No of Years	
No	Name of the PHC	From	To	completed

ADDRESS PARTICULAR	<u>5:</u>
Name	:
Father Name	:
Husband Name	:
House No.	:
Street	:
Village / Town	:
District	:
Pin	:
Cell No. / Phone No.	:
	<u>DECLARATION</u>
I, Smt / Sri / Kum	
cer	tify that above particulars furnished by me are correct to the best of
my knowledge. I also ag	ree 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

HEALTH & FAMILY WELFARE DEPARTMENT

Notification for the recruitment drive for the posts under Dr YSR Health Clinic'S/UPHC For The Post of \overline{DEO} Posts Under the Administrative Control of District Medical &Health Officer, Vizianagaram on Contract Basis/Out Sourcing Basis.

APPLICATION FORM

	STRATIN NO: BE FILLED BY THE OFFICE)									
POST	FOR WHICH APPLICATION	MADE								
1	Name of the Candidate									
2a	Name of the father									
2b	Name of the Mother]	Paste p		
2c	Name of Husband / wife (if married)								and s ross i	
3	Sex									
4	Date of Birth and age									
5	Social status (Please tick)	OC	BC A	BC B	BC C	BC D	BC E	SC	ST	
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 /				Yes	/ No				

Women

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING		DISTRICT I	N WHICH ST	UDIED
IV					
V					
VI					
VII					
VIII					
IX					
X					
CTLIDY CEDTI	CICATEC EDOM IVII- T	O Vil. CI	IOIIID DE	ENICL OCED	OTHEDIA

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 (Any Degree from recognized university with Computer certification and also knowledge in English &Telugu)	% of Marks obtained

EXPERIENCE in Govt.Sector:

Sl.	Name of the PHC	Expe	No of Years	
No	Name of the PHC	From	To	completed

ADDRESS PARTICULA	RS:
Name	:
Father Name	:
Husband Name	:
House No.	:
Street	:
Village / Town	:
District	:
Pin	:
Cell No. / Phone No.	:
	<u>DECLARATION</u>
I, Smt / Sri / Kum	
	ertify that above particulars furnished by me are correct to the best of
my knowledge. I also a	gree that in the event of any of the particulars furnished in my
application being found to	o be incorrect or false at a later date my candidature will be cancelled
summarily	
	Name and Signature of the

candidate

HEALTH & FAMILY WELFARE DEPARTMENT

Notification for the recruitment drive for the posts under Dr YSR Health Clinic'S/UPHC For The Post of **Last Grade Service** Posts Under the Administrative Control of District Medical &Health Officer, Vizianagaram on Contract Basis/Out Sourcing Basis.

APPLICATION FORM

	STRATIN NO: SE FILLED BY THE OFFICE)									
POST	FOR WHICH APPLICATION	MADE								
1	Name of the Candidate									
2a	Name of the father									
2b	Name of the Mother							Paste p		_
2c	Name of Husband / wife (if married)								and s cross i	-
3	Sex									
4	Date of Birth and age									
5	Social status (Please tick)	OC	BC A	BC B	BC C	BC D	BC E	SC	ST	
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 /				Yes	/ No				

Women

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	Marks Obtained	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERSITY
SSC			

EXPERIENCE in Govt.Sector:

S1.	Name of the PHC	Expe	No of Years	
No	Name of the FAC	From	To	completed

ADDRESS PARTICULARS:

Name	:
Father Name	:
Husband Name	:
House No.	:

Street :

District	:		
Pin	:		
Cell No. / Phone No.	:		
		<u>DECLARATION</u>	
I, Smt / Sri / Kum			

..... 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

Village / Town

summarily

application being found to be incorrect or false at a later date my candidature will be cancelled

Name and Signature of the candidate

Check List

1.	. Name & Address of the Candidate				:				
2.	Mobile No.			:					
3.	Date of Birt	h (Mentioned in 1	.0th Class)	:					
4.	Caste			:					
5.	Local / Non	-Local		:					
	(Study from	n 4th 10th more tha	an 4 years						
	(i.e. from 4t	h to 10th) in Vizia	nagaram Dis	stric	t,				
	candidate b	elongs to Local of	her than Noi	n-Lo	cal)				
6.	Physically l	Physically Handicapped			:				
	(Plz. mentio	oned % of PH							
	Only south	Only southern certificates are allowed)							
7.	Academic Q	Qualification		:					
	(Intermedia	ite Marks)							
8.	Technical T	raining Marks		:					
	(Secured / Max Marks)								
	1st Year	2nd Year	3rd Year		Internship	Total			
9.	Year of Passing :								
	(i.e. Registr	ation Year)							
10.	Registration	n Valid Upto		:					
	O	Certificate on Con	itract/						
	Out-Sourcin			:					

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 (Southern Certificate)
- 6. Study Certificate (i.e., 4th to 10th class)
- 7. Education Qualification (i.e., Technical Education)
- 8. Registration Certificate
- 9. Experience Certificate