

GOVERNMENT OF ANDHRA PRADESH
HEALTH, MEDICAL AND FAMILY WELFARE DEPARTMENT, SRIKAKULAM DISTRICT.

**NOTIFICATION FOR RECRUITMENT OF CERTAIN POSTS AT ART CENTER, DISTRICT HOSPITAL,
TEKKALI, SRIKAKULAM DISTRICT ON CONTRACT BASIS.**

Notification No.01/ ART- GOVT HOSPITAL, TEKKALI / 2020-21.

- I. Applications are invited from the Eligible candidates for filling up of the following posts on Contract basis to work at ART Center, Govt. Hospital, Tekkali, SRIKAKULAM Dist under A.P.State AIDS Control Society Proramme for a period of one year :-

S. No	Name of the Post	No. of Posts	Qualification	Remuneration /consolidate pay of for month Rs.
1	Medical Officer	01	Pass in MBBS Degree. Must register with A.P. Medical Council. (APMC Registration is compulsory, though they have registered with MCI or any other Medical Council)	50,000/-
2	Counselor	01	1. Master Degree in Social Work (preferable specialized in medical & psychiatry social work) / Sociology. Preference will give to PLHIV. 2.Diploma in Computer Application.	13,000/-
3	Staff Nurse	01	G N M / B.Sc. Nursing.	13,000/-
4	Lab technician	01	Bachelor Degree with Diploma in Medical Lab technician from a recognized Institute. He /She must be registered in the State council.	13,000/-

II. AGE:

Maximum Age: 42 years [As per G.O.Ms.No.182, General Administration (Ser.A) Dept., dt.04.12.2017 of the Government of Andhra Pradesh].

5 years relaxation in upper age limit for SC/ST/BC, 3 years for Ex-servicemen and 10 years for Physically Handicapped Persons, up to a maximum of 45 years.

The maximum age shall be reckoned as on 20.11.2020.

III. SELECTION PROCESS :

Selection is based on Merit and call for Interview as 1:5 Ratio for each post. Out of a total of 100 marks, 90 marks shall be allotted against the marks obtained in the qualifying exam and 10 marks for Personal Interview.

IV. HOW TO APPLY:-

- A)** Candidates shall down load the Application Form from the website and to submit their filled-in Application Forms, along with the enclosures in person or by post “ **TO THE Addl. DM & HO (AIDS & Leprosy), O/o The DAPCU, 2nd Floor, Block A-wing, Opp Bhpuji Kalamandhir, Palakonda Road, SRIKAKULAM DISTRICT “ ON OR BEFORE**
BY 5.00 P.M.

b) All application covers should be superscripted on right top corner as follows:-

‘ART Contract Basis Recruitment -2020 - & Name of the post

c) The following documents are to be submitted in the following order only.

1.	Filled-in Application Form.
2.	Attested copy of S.S.C. Marks List (or) Equivalent examination.
3.	Attested copy of Educational qualifying Pass /provisional /convocation Certificate.
4.	Attested copies of Marks Memos of all the years of course
5.	Attested copy of A.P. Medical Council Registration / Para Medical Board Certificate.
6.	Attested copy of Latest Caste Certificate issued by the Thasildar concerned.

NOTE :

i) If the attested copy of Caste Certificate is not enclosed, the candidate will be treated under OC.

ii) If the attested copies of the above are not enclosed, the application will summarily be rejected.

iii) Application shall be submitted in the Format enclosed to these guidelines only.

V. CUT OF DATE : Cutoff date for age and qualifications is **20.11-2020**

IV. CONDITIONS ON APPOINTMENT:

The candidate selected and appointed on contract basis shall not be regarded as a member of the service in which the post to which he/she is appointed, is included, and shall not be entitled by reason only of such appointment, to any preferential right to any other appointment in that or any other service. The department or the person may revoke the contractual appointment or discontinue the contract by giving one month's notice in writing on either side. This contract would automatically cease to operate on lapse of contract period and both parties will be discharged of their respective obligations and liabilities without any formal or informal communication.

TENURE :- Initially for a period of one year from date of joining in the post.

LEAVES :- The persons appointed on contract basis are entitled to Casual leave on par with APSACS/ NACO Guidelines in the Department and Maternity leave in respect of female employees also same as NACO /APSACS Guidelines only.

Other Service Conditions :-

1. No private Practice is allowed during the contract period.
2. He / She shall maintain bonafied headquarters.
3. Department reserves the right to transfer the contractual employees to any other station due to exigencies of work or administrative reasons.
4. Disciplinary control in accordance with provisions of APCS (CCA) Rules, 1991.
5. All persons appointed on contract basis shall execute an agreement on a Non-Judicial Stamp Paper of Rs.100/- with two witnesses, and submit the same to the appointing authority concerned at the time of reporting for duty, agreeing to the terms and conditions of the contract.

DEBARMENT :

1. Candidates should make sure of their eligibility to the post applied for and that the declaration made by them in the format of application regarding their eligibility in all respects. Any candidate furnishing incorrect information or making false declaration regarding his/her eligibility at any stage or suppressing any information is liable to be debarred from recruitment conducted by the department and summarily rejection of their candidature for this recruitment and future recruitments.
2. The department is vested with conducting recruitment and selection as per rules duly maintaining utmost secrecy and confidentiality in this process and any attempt by any one causing or likely to cause breach of this duty in such manner or by such action as to violate or likely to violate the fair practices followed and ensured by the Department will be sufficient cause for rendering such questionable means as ground for debarment.

DEPARTMENT'S DECISION IS FINAL

The decision of the department/ Steering Committee pertaining to the application and its acceptance or rejection, as the case may be, and conduct of counseling and at all consequent stages culminating in the selection or otherwise of any candidate shall be final in all respects and binding on all concerned under the powers vested with it. The department/ Steering Committee also reserves its right and modify regarding terms and conditions laid down in the notification for conducting the various stages up to selection duly intimating details thereof to all concerned as warranted by any unforeseen circumstances arising during the course of this process.

Sd/-
Nodal Officer
Member Secretary
Steering committee

Sd/-
Medical Superintendent
HEAD
Steering committee

Sd/-
Addl.D M & H O (A&L)
Special Invitee
APSACS Representative

App No:

GOVERNMENT OF ANDHRA PRADESH
(Notification No.01 / ART-AH / 2020)

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Latest colour
passport size photo
with self attestation

APPLICATION FOR THE POST OF STAFF NURSE

TO WORK ON CONTRACT BASIS UNDER THE CONTROL OF Medical Superintendent,
District Hospital, ART Center, Tekkali, Srikakulam Dist.

(Under AIDS CONTROL PROGRAMME)

1. NAME OF THE APPLICANT :

(In Block letters as per SSC)

2. NAME OF THE FATHER :

3. DATE OF BIRTH:

(As per SSC marks list)

Date	Month	Year

4. AGE AS ON 01.07.2019:

Years	Months	Days

5. Category:

(SC/ST/OBC/GEN)

Technical Qualification	Maximum Marks GNM / Computer Course	Marks obtained GNM / Computer Course	% of marks
GNM Course			
Computer Application Course			

6. ADDRESS FOR CORRESPONDENCE:

	Present Address	Permanent Address
Address		
Mobile No:		
E-Mail ID		

7. Any experience to work as a Staff Nurse

(Yes/NO)

:

If yes working details

8. A.P. Para Medical Board Registration (Yes/No)

:

DECLARATION

I _____ S/o / D/o _____ solemnly
declare that the particulars given above are correct to the best of my knowledge and belief. I also agree that
in the event of any of the particulars furnish in my application being found to be incorrect or false at a later
date, my appointment will be cancelled summarily.

DATE:

PLACE:

SIGNATURE OF THE APPLICANT

Sl. No.	Name of the Certificates / Documents to be enclosed.	Enclosed (Yes/No)
1	SSC Pass Certificate	
2	Intermediate Pass Certificate	
3	GNM / B.Sc Nursing Course Provisional Certificate	
4	GNM / B.Sc Nursing Course Mark lists	
5	Registration in APN & MC	
6	experience certificate if any	

(All the certificates should be self attested by the candidate)

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Latest colour passport size
photo with self attestation

APPLICATION FOR THE POST OF ART COUNSELOR

TO WORK ON CONTRACT BASIS UNDER THE CONTROL OF Medical Superintendent,
District Hospital, ART Center, Tekkali, Srikakulam Dist.

(Under AIDS CONTROL PROGRAMME)

1. NAME OF THE APPLICANT :
(In Block letters as per SSC)

2. NAME OF THE FATHER :

3. DATE OF BIRTH:
(As per SSC marks list)

Date	Month	Year

4. AGE AS ON 01.07.2019:

Years	Months	Days

5. Category:
(SC/ST/OBC/GEN)

6. ESSENTIAL & TECHNICAL QUALIFICATION :

Qualification	Maximum Marks in PG Degree	Marks obtained in PG Degree	% of marks
Master of Social Work / Sociology			
Diploma in Computer Application			
Any Other course			

6. ADDRESS FOR CORRESPONDENCE:

	Present Address	Permanent Address
<u>Address</u>		
<u>Mobile No:</u>		
<u>E-Mail ID</u>		

7. Any experience in the counseling
(Yes/NO) :

If yes working details

10. any Experience in Computer work (Yes/No) :
If yes certificate should enclosed.

DECLARATION

I _____ S/o / D/o _____ solemnly
declare that the particulars given above are correct to the best of my knowledge and belief. I also agree that
in the event of any of the particulars furnish in my application being found to be incorrect or false at a later
date, my appointment will be cancelled summarily.

DATE:

PLACE:

SIGNATURE OF THE APPLICANT

Sl. No.	Name of the Certificates / Documents to be enclosed.	Enclosed (Yes/No)
1	SSC Pass Certificate	
2	Intermediate Pass Certificate	
3	Graduate Degree Provisional Certificate	
4	P.G .Degree certificate in Social Work / Sociology	
5	Diploma in Computer Application certificate	
6	If any experience in Counselling	
7	Experience certificate in computer work	

(All the certificates should be self attested by the candidate)

App No:

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(Notification No.01 / ART-AH / 2020)

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APPLICATION FOR THE POST OF ART LAB TECHNICIAN

TO WORK ON CONTRACT BASIS UNDER THE CONTROL OF Medical Superintendent,
District Hospital, ART Center, Tekkali, Srikakulam District

(Under AIDS CONTROL PROGRAMME)

1. NAME OF THE APPLICANT :
(In Block letters as per SSC)

2. NAME OF THE FATHER :

3. DATE OF BIRTH:
(As per SSC marks list)

Date	Month	Year

4. AGE AS ON 01.07.2019:

Years	Months	Days

5. Category:
(SC/ST/OBC/GEN)

6. TECHNICAL QUALIFICATION :

Technical Qualification	Maximum Marks Degree in MLT	Marks obtained Degree in MLT	% of marks
Degree in Medical Lab Technician			
Computer course			

6. ADDRESS FOR CORRESPONDENCE:

	Present Address	Permanent Address
<u>Address</u>		
<u>Mobile No:</u>		
<u>E-Mail ID</u>		

7. Any experience in the testing Blood
(Yes/NO) :

If yes working details

8. A.P. Para Medical Board Registration (Yes/No) :

9. Computer knowledge like M.S. Office (Yes/No) :
If yes certificate should enclosed.

DECLARATION

I _____ S/o / D/o _____ solemnly

declare that the particulars given above are correct to the best of my knowledge and belief. I also agree that in the event of any of the particulars furnish in my application being found to be incorrect or false at a later date, my appointment will be cancelled summarily.

DATE:

PLACE:

SIGNATURE OF THE APPLICANT

Sl. No.	Name of the Certificates / Documents to be enclosed.	Enclosed (Yes/No)
1	SSC Pass Certificate	
2	Intermediate Pass Certificate	
3	Degree in MLT Provisional Certificate	
4	Degree in MLT Mark lists	
5	Degree in MLT Registration in Para Medical Board	
6	Whether 2 year experience in testing of blood	
7	Basic Computer Knowledge - MS Office	

(All the certificates should be self attested by the candidate)

GOVERNMENT OF ANDHRA PRADESH
(Notification No.1/ART-AH,ADONI / 2020)

APPLICATION FOR THE POST OF ART MEDICAL OFFICER

**(TO WORK ON CONTRACT BASIS at ART Center, Dist Hospital,
Tekkali, Srikakulam Dist Under APSACS PROGRAMME**

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passport size
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attestation

1. **NAME OF THE APPLICANT** :
(as per SSC)

2. **NAME OF THE FATHER** :

3. **DATE OF BIRTH** :
(As per SSC Marks List)

Date	Month	Year

4. **AGE AS ON 01.07.2019** :

Years	Months	Days

5. **SOCIAL STATUS** :
(Attested copy of latest Caste
Certificate to be enclosed)

SC	ST	BC (with Sub Group)	Others

6. **Whether belongs to Physically Handicapped** : Yes / No
(If Yes, the latest certificate issued by the
Medical Board to be enclosed)

7. **Whether belongs to Ex-Service men** : Yes / No
(If yes, necessary certificate should be enclosed)

Residential Address :

Mobile No. :

E-mail ID :

8. QUALIFICATIONS :-

(Attested copies of relevant certificates of qualifying examination, along with all Marks Lists to be enclosed)

(i) ESSENTIAL QUALIFICATION :

Name of the Course	Date of passing of the Course	Maximum Marks in the Course	Marks obtained in the Course	Registration No. of APMC / Medical Council of India.

(ii) EXPERIENCE :

Place where worked / working.	Period of work		Total period of experience (in years)
	From	To	

DECLARATION

I, _____, S/o / D/o _____
solemnly declare that the particulars given above are correct to the best of my knowledge and belief. 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 appointment will be cancelled summarily.

SIGNATURE OF THE APPLICANT