NOTIFICATION FOR MAN POWER RECRUITMENT ON PURELY TEMPORARILY ON CONTRACT BASIS FOR RTPCT LAB DISTRICT HOSPITAL MACHILIPATNAM

NOTIFICATION NO: 01/2022, DT: 18.04.2022.

WALK IN INTERVIEW

| SN | NAME OF THE POST | NO.OF POSTS | EDUCATION QUALIFICATION | REMUNERATIO N PER MONTH | Roster point |
|----|------------------|----------------|----------------------------|----------------------------|---|
| 1 | LAB TECHNICIAN | 01 | MLT | 25,000.00 | OC Visually challenged woman - 01 |
| 2 | Multi Task Staff | 02 | 10 TH /INTER | 12,000.00 | BC A Women – 01 OC Visually challenged woman - 01 |

AGE LIMIT

Age: O.C candidates minimum 18 years & Maximum 42 years.

<u>Relaxation</u>: Ex-Service man - 3 years & length of service rendered in the armed force.

| SC/ST and BC's | - | 5years |
|----------------|---|---------|
| P.H Persons | - | 10years |

(The above vacancies may be increased or decreased subject to available vacancies at the time of recruitment)

Eligible and interested candidates shall come and directly submit filled applications along with originals and all attested copies (duly attested by the Gazetted officer) of all qualification Certificates i.e. Marks Lists, Registration certificates, Caste Certificates and 4thto 10thstudy Certificates etc. on or before <u>19.04.2022, 5-00 PM</u> in the office of the Medical Superintendent District Hospital Machilipatnam.

The selection will be done duly following the A.P. State and Subordinate Rules and other government rules issued from time to time.

Sd/-Dr M. Jaya Kumar MS ENT Medical Superintendent District Hospital Machilipatnam

DR YSR AHC TRUST :: A.P.VAIDYA VIDHANA PARISHAD OFFICE OF THE MEDICAL SUPERINTENDENT DISTRICT HOSPITAL MACHILIPATNAM.

| PLICATION FO | DRM FOR THE POST OF | | | | | | |
|--------------------|--|--|--|--|--|--|--|
| 1. Full Nar | me in Block Letters :. | | | | | | |
| 2. Father / | /Husband's Name : | | | | | | |
| 3. Date of | Birth and Age : | | | | | | |
| 4. Social S | tatus (caste), &Gender : | | | | | | |
| 5. Qualific | cations (Marks obtained / Total): | | | | | | |
| (a) Aca | demic : (b) Technical : | | | | | | |
| 6. A.P.P.M | 1.C Registration number : | | | | | | |
| 9. Present | Address : | | | | | | |
| The above | information is correct. | | | | | | |
| Choold list. | Signature of the candidate | | | | | | |
| <u>Check list:</u> | | | | | | | |
| 1. | Filled and signed application form | | | | | | |
| 2. | SSC certificate. | | | | | | |
| 3. 4. | Education Qualification marks lists for all years. | | | | | | |
| 4. 5. | | | | | | | |
| | | | | | | | |
| | © of Renewal, if required | | | | | | |
| 7. | Study certificates from 4 ^{th to} 10 th . | | | | | | |
| 8. | Latest caste certificate issued by the Tahsildar. | | | | | | |
| 9. | If any other certificates like HH, VH, OH etc. | | | | | | |
| 10. | Experience certificate in Government Institutions if any | | | | | | |
| The abo | ove certificates must be submitted and attested by the Gazetted officer. | | | | | | |

(NOTE: The applied candidate should submit their application form in above check list order).

Contract / Outsourcing Service Certificate (Certificate to be issued by the Controlling Officer concerned DCHS/DM&HO/ any other Appointing Authority)

This is to certify that, S/o, D/o, W/o has been working as in PHC/CHC/AH/DH/GGH & Covid Care Centres or any other AP State / Central Govt., Institution at on Contract / Out-Sourcing basis with the Financial concurrence of the Government of AP /Central Govt., The details of his/her Contract / Out-Sourcing service as on 02.01.2022 are as follows:

| Name of the institution | Working /worked Period | | Reasons for break in service | Whether there is financial | Charges /Allegations |
|-------------------------|---------------------------|----|---------------------------------|--|----------------------------|
| | FROM | то | (if any) | concurrence for appointment (Yes / No) | /Adverse Remarks if any |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

I hereby declare that:

- 1. His /her services as on Contract /Out Sourcing 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 service.
- 3. He /she is eligible for Contract / Out Sourcing Service Weight age as per the rules.

Station:

Date:

Signature & Seal of the Controlling Officer (DCHS/DMHO/ any other competent District Authority who appointed the applicant)

Imp. Note:

The attested copy of appointment order and service certificate must be enclosed by the Contract / Outsourcing & COVID (Go. No: 211) employee along with the application form for weight age calculation.