

**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.

Relaxation: 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 4th to 10th study Certificates etc. on or before **19.04.2022, 5-00 PM** 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

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 (if any)	Whether there is financial concurrence for appointment (Yes / No)	Charges /Allegations /Adverse Remarks if any
	FROM	TO			

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.