

## **NOTIFICATION**

1) Notification is given for the Recruitment of the following posts under National AIDS Control Programme (NACP)/APSACS through District Selection Committee (DSC) on contract basis for one-year period initially. The eligible interested candidates may apply **on or before 19.05.2023 by 4.00 PM** in the attached application form.

2) The No. of vacant posts, eligibility criteria and consolidated monthly Remuneration are as follows under NACP.

| S.No | Name of the Vacant Post     | No. of the vacancies | Eligibility criteria   | Monthly Consolidated Remuneration |
|------|-----------------------------|----------------------|--|-----------------------------------|
| 1    | Blood Centre Lab Technician | 3                    | Degree in Medical Laboratory Technology (MLT) with 2 years of experience in the testing of blood and its components<br>Note : He/she must be registered in the concerned state council | 21,000/-                          |

3) Roster points and Vacant places :

| Sl. No. | Name of the Post          | No. of Vacancies | Vacancies      | Roster Point | Reservation |
|---------|---------------------------|------------------|----------------|--------------|-------------|
| 1       | Blood Bank Lab Technician | 3                | Machilipatnam  | 1            | OC-(W)      |
|         |                           |                  | Gudivada       | 2            | SC-(W)      |
|         |                           |                  | SMC Vijayawada | 3            | BC-A(W)     |

4) Filled in Applications for the above posts are to be submitted at the Office of the District TB Control Office, near main railway station, Malkapatnam, Machilipatnam on or before **19.05.2023 by 4.00 PM**.

5) **AGE LIMIT** : The age limit of the above said posts is for the General category (OC) – 42 years and for the reservation category (BC, SC and ST) – 5 years more and for PH candidates will get 10 years more and EWS certificate from MRO concerned.

### **6) SELECTION PROCESS:**

| Sl.No. | Criteria  | Weightage ( Total Marks 100 )   |          |
|--------|---|---|----------|
| a)     | Aggregate of Marks obtained in all the years in qualifying examination. | Marks obtained in the Academic/Technical qualification  | 75 Marks |
| b)     | Weightage for the no. of years since passing qualifying examination     | Up to 10 Marks @ 1 Mark for completed year after acquiring requisite qualification  | 10 Marks |
| c)     | Weightage for experience of Govt. Service including contract service.   | <b>Based on working area :</b><br>(i) @2.5 Marks for 6 Months in Tribal Area<br>(ii) @2 Marks for 6 Months in Rural Area<br>(iii) @1 Marks for 6 Months in Urban Area<br><hr/> <b>Based on Covid 19 Duties :</b><br>(i) @5 Marks for 6 Months<br>(ii) @ 10 Marks for one year<br>(iii) @ 15 Marks for one year six months period. | 15Marks  |

**7) Self attested copies of the certificates to be enclosed to the filled in application:**

- a. SSC or its equivalent (for date of birth).
- b. Pass certificates of qualifications prescribed for the posts concerned.
- c. Marks memos of all years of qualifying examination or its equivalent.
- d. Valid certificate of registration in A.P. Para Medical Board/ Allied Health Care sciences / any other council constituted under the relevant rules for specific courses where ever applicable.
- e. Study Certificates from class IV to X from the school where the candidate studied.
- f. Copy of valid caste certificate. In case of non-submission of valid caste certificate, the candidate will be considered as OC.
- g. Certificate of disability issued in SADAREM.
- h. Service certificate from the controlling officer concerned (DM&HO/DCHS/ Principals of GMCs / Superintendent of GGH / Any competent authority who appointed the applicant) for claiming weightage for Contract/outsourcing/honorary service, in the absence of which the candidate will not be given service weightage (proforma is herewith enclosed).
- i. Any other certificates as relevant and applicable.

**Note:-** Candidates must submit clear, visible documents (a to i of para.7), failing which application will be summarily rejected. Applications without the above documents will be summarily rejected. No application will be accepted after the above stipulated time.

**8) SCHEDULE:-**

| Sl.No | Process   | Date                                   |
|-------|---|--|
| 1     | Issue of Notification   | 15.05.2023                             |
| 2     | Time Period for submission of Application   | 15-05-2023 to 19.05.2023<br>by 4.00 pm |
| 3     | Completion of Scrutiny  | 23.05.2023                             |
| 4     | Display of Provisional Merit list   | 23.05.2023                             |
| 5     | Submission of grievances by the applicants if any on provisional merit list                                 | 23.05.2023 to 24.05.2023<br>by 4.00 pm |
| 6     | Display of Final Merit List and Selection list (Subject to condition after approval of Collector, Krishna.) | 26.05.2023                             |

Sd/- Dr. A. Venkata Rao  
DISTRICT LEPROSY, AIDS & TB OFFICER,  
KRISHNA, MACHILIPATNAM.

Sd/- Dr. G.Geethabai,  
DISTRICT MEDICAL & HEALTH OFFICER,  
KRISHNA, MACHILIPATNAM.

Sd/- P. RAJA BABU, IAS,  
COLLECTOR & DISTRICT MAGISTRATE  
KRISHNA, MACHILIPATNAM.

# APPLICATON FORM

REGISTRATION NO:

(TO BE FILLED BY THE OFFICE)

APPLICATION FOR THE POST OF:

|     |  |          |  |
|-----|--|----------|--|
| 1.  | Name of the candidate:   |          | Paste<br>Photograph here and<br>sign across it |
| 2.a | Name of the Father   |          |  |
| 2.b | Name of the Spouse<br>(If Married)   |          |  |
| 3.  | Gender   |          |  |
| 4.  | Date of Birth, Age ( SSC<br>Certificate should enclose )   |          |  |
| 5.  | Social Status<br><b>(OC/SC/ST/ BC-A,B,C,D,E)</b>   |          |  |
| 6.  | Status (Local/Non Local)   |          |  |
| 7.  | Whether Physically<br>handicapped Specify details.<br>(VH / HH / OH)   |          |  |
| 8.  | Whether Sports if any<br>details:  |          |  |
| 9   | Date of Completion of<br>Technical Qualification   |          |  |
| 10  | Whether experience if any in<br>Government institutions<br>under Medical & Health<br>Dept ( if yes enclose Service<br>Certificate) |          |  |
| 11. | Whether Ex Service<br>man/woman  | YES / NO |  |

**DETAILS OF SCHOOL EDUCATION:**

| <b>CLASS</b> | <b>YEAR OF PASSING</b> | <b>DISTRICT IN WHICH STUDIED</b> |
|--------------|------------------------|----------------------------------|
| IV           |                        |                                  |
| V            |                        |                                  |
| VI           |                        |                                  |
| VII          |                        |                                  |
| VIII         |                        |                                  |
| IX           |                        |                                  |
| X            |                        |                                  |

**ACADEMIC MARKS OBTAINED IN THE QUALIFYING EXAMINATION**

| <b>Qualifying Examination</b> | <b>Total Marks<br/>(Max Marks)</b> | <b>Marks<br/>Obtained</b> | <b>% of Marks<br/>Obtained</b> |
|-------------------------------|------------------------------------|---------------------------|--------------------------------|
|                               |                                    |                           |                                |
|                               |                                    |                           |                                |

**TECHINICAL MARKS OBTAINED IN THE QUALIFYING EXAMINATION**

| <b>Qualifying Examination</b> | <b>Total Marks<br/>(Max Marks)</b> | <b>Marks<br/>Obtained</b> | <b>% of Marks<br/>Obtained</b> |
|-------------------------------|------------------------------------|---------------------------|--------------------------------|
|                               |                                    |                           |                                |
|                               |                                    |                           |                                |

**ADDRESS OF THE CANDIDATE WITH MOBILE NUMBER:**

Name :  
Door No :  
Street :  
Village/Mandal :  
District :  
State :  
Contact Number :

**Signature of the Applicant**

**DECLARATION**

I, Smt/Kum/Sri.....D/o/S/o.....  
.....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  
application being found to be incorrect or false at a later date my candidature will be  
cancelled summarily.

**NAME AND SIGNATURE OF THE CANDIDATE**

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/<br>Rural/Tribal<br>(or)<br>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 as .....on 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 enclosed along with this service certificate, otherwise weightage for Contract/Outsourcing/honorary service will not be considered for final merit.