OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER :: VIZIANAGARAM RBSK Section

Date: 16-06-2025

Notification (2nd time)

The following posts are still vacant as no eligible candidate applied for the posts **erstwhile Vizianagaram District (Vizianagaram and Parvathipuram DEICs)** as per the roster points, during the notification published on 16-12-2024.

As per the instructions of the Chairman, District Selection Committee, Vizianagaram eligible candidates are requested again to apply for the following posts as per the roster point.

Starting Date of Receiving of Applications : 16-06-2025 Ending Date of Receiving Applications : 26-06-2025 Provisional List display : 01-07-2025

Grievances Period : 02-07-2025 to 10-07-2025 Final List Display : 15-07-2025 (on or after)

Sl	Name of	Name of the Post Vacant	No. of	Roster Point
No	the		Posts	(After confirmation by
	Programme		vacant	Establishment Section)
1	RBSK	Audiologist cum speech therapist	1	2 - SC (W)
2	RBSK	Dental Technician	2	1 – OC(W) & 2 - SC(W)
3	RBSK	Lab Technician	1	13-OC-Ex SM

Mode of Selection

- 1) Academic Merit under prescribed reservation quota
- 2) Age as per the Govt. Norms
- 3) Local / Non-Local as per the Govt. norms and Final decision by Selection Committee.
- 4) 75% academic merit, 15% for previous experience (Govt. / Govt. Funded), 10% for educational / professional seniority.

Sd/-Programme Officer, NCD / RBSK – RKSK Vizianagaram. Sd/-District Medical & Health Officer, Vizianagaram

RE – NOTIFICATION (2nd time) Rc.No.02/RBSK-RKSK, Dated -05-2025

(O/o District Medical & Health Office , Vizianagaram)

HEALTH & FAMILY WELFARE DEPARTMENT

FRESH NOTIFICATION for the recruitment drive for the Different posts in NHM Scheme purely on temporary and Contract Basis for a Period of One Year working under the DMHO, Vizianagaram Control.

		<u>APPLI</u>	CATION FO	<u>RM</u>										
	RATIN NO: FILLED BY TI	HE OFFICE)												
POST F	OR WHICH A	APPLICATION	MADE											
1 1	me of the appl BLOCK letter													
2)Aad	dhar No of the	e candidate (Ma	andatory)											
3)Fat	her's Name/ H	Husband's Nam	ne		·									
4)Res	sidential Addr	ress:												
* <i>A</i>	ndidates perso All communica obile only	onal mobile no. ations will be	(Mandatory) t hrough											
3)Sex:(Male/Female)				4)Date of birth:										
5)Religion:			6)Social Status : (SC/ST/BC -(with A,B,C,D)/ OC)											
(Plea	axation of age se specify the and in which as	relaxation of		(_,_,_	<i>,,</i> –					
		to physically he issued by the		only va	alid)					(Ye	es/No)		
9)If b	elongs to Ex-S	Service men, ler e must be Ex-se	ngth of servic	e in ar		force				(Ye	es/No)		
10)W	hether the ind	lividual is hav	ing sports que	ota an						(Ye	es/No))		
11) If	belongs to Ec	e issued by the onomically We	aker Sections	(EWS))					·(Υε	es/No	<u> </u>		
(C		t submit certifi Study and cond						V to	X C1	,				
Sl. No.	Class	Year of Study	Name &Ad								I	Distr	rict	
1	4th Class													
2	5 th Class													
3	6 th Class													
4	7 th Class													
5	8 th Class													
6	9th Class													
7	10 th Class													

Educational Qualifica								
J		 Max. marks/ Grade/Points		Marks/Grade obtaine		Percentage of Marks Grade/Points/		
•								
Name of the council/boregistered		n which Regi		istration No:	Year Registr &Rene	ation	Registration Valid upto	
Contract/Outsourcing/ C (Service certificate issue Government departmen	d by the	appoint	ing auth	nority of concer	ned		1	
Name of the Scheme, who the applicant is working was worked in the Government service								
Name of the department in which worked								
Whether on contract(or)out sourcing basis								
If, on outsourcing, indica the Name &Address of th Out sourcing agency								
Appointment orders issued by whom								
Appointment orders Proceedings Rc.No.								
Place & Address, where tapplicant has worked	he							
Indicate the place of work Tribal, Rural(or) Urban	king is							
Period of working (indicate DD/MM/YYYY)	1	From		То _			_	
No. of completed years in Government service								

Phone/Mobile No.

E-mail address:

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/ Rural/Tribal	Period			Reasons for break in	Charges /allegations	
	(or) Covid-19	From	То	Duration	service (if any)	/adverse remarks if any	

I hereby declare that:

- 1. His /her services ason 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)

<u>Imp. Note</u>: The self attested copy of appointment order must be en-closed along with this service certificate, otherwise weightage for Contract/ Outsourcing/honorary service will not be considered for final merit

APPENDIX-I

CERTIFICATE OF RESIDENCE

(Vide Sul	o-Clause (ii) of Clause (a) p	para7 of the Presidential order) It is hereby certified,
(a) That S	Sri/Smt/Kumari	
		appeared for the first time for the matriculation
(S.S	SC) Examination in (month))year;
part of the		any educational institution during the whole or a c years ending with the academic year in which aid examination;
ć	ž	ately preceding the commencement of the she resided in the following place/places
Villa	ge Taluk	District Period
1.		
2.		
3.		
4.		
5.		
6.		
7.		
Station:	OFFICE SEAL	Officer of Revenue Department not
Date:		Below the rank of Tahsildhar or
		Deputy Tahsildhar in independent
		Charge Of a Sub Taluk

DECLARATION

Ι,	, S/o/ D/o / W/o.
,resident	of House No:,
Address:	
by declare that, all the particulars furnished in my appli	ication are true and correct. I have read
the entire notification and abide to the guidelines.	I, further declare that, if the above
particulars are found incorrect, I shall be liable for term	mination from service with immediate
effect without any notice.	

Signature of the applicant

::CHECK LIST ::

Sl. No.	Enclosures	Status
1	Filled-in application form with latest Passport size photo affixed.	Yes/No
2	Gazetted-attested copy of marks memo of SSC(or)equivalent certificate	Yes/No
3	Gazetted -attested copies of marks memos of all the years of qualifying Examination	Yes/No
4	Gazetted -attested copy of Provisional/ Permanent certificate of qualification	Yes/No
5	Gazetted-attested copy of permanent registration certificate of the Council /Board with necessary renewals	Yes/No
6	Gazetted –attested copy of latest caste certificate (in case of SC/ST/BC)	Yes/No
7	Gazetted –attested copies of study certificates from Class–IVto X where the candidate studied. In case of private study of SSC or its equivalent residence certificate issued by the Tahasildhar for the previous even years in the prescribed proforma.	Yes/No
8	Gazetted – attested copy of latest physically handicapped certificate issued by SADARAM /Ex-Servicemen(if applicable)	Yes/No
9	Gazetted-attested copy of sports certificate along with eligibility certificate issued by the sports development authority in the prescribed format(if applicable)	Yes/No
10	Gzetted-attested copy of EWS certificate issued by the Tahasildar (if applicable)	Yes/No
11	Gazetted-attested copy of service certificate of the candidate duly countersigned by the DM&HO/DCHS/Other authority competent By whom the individual was been appointed. as well as produce the Appointment order	Yes/No

Note: All the above Certificates Must be Attested by the Gazetted Officer

Signature of the applicant