

Notification – 1/2017

OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER: NALGONDA

G U I D E L I N E S

(G.O.Ms. No.544 HM&FW (B1) Dept., Dt:03-05-2017 (Guidelines for Recruitment and instructions to candidates)

PARA-1: www.atozgoogle.com

Applications are invited from eligible candidates in the prescribed “Application Form” for recruitment to the posts mentioned at para-2 on contract basis.

PARA-2: Vacancies: Certain Primary Health Centers in Nalgonda District.

Sl. No.	Name of the Post	Vacancy
01	Pharmacist Gr-II	02
02	Lab Technician Gr-II	08
03	Staff Nurse	03

PARA-3: EDUCATIONAL QUALIFICATION:

Sl. No.	Name of the Post	Educational Qualifications
01	Pharmacist Gr-II	D-Pharmacy (or) B-Pharmacy Must be registered with Pharmacy Council
02	Lab Technician Gr-II	Intermediate MLT/DMLT or B.Sc (L.T.) from recognized institutions must be registered with the Para Medical Board
03	Staff Nurse	GNM or B.Sc Nursing. Registered with TS/AP Nursing Council.

PARA-4: METHOD OF RECRUITMENT:

- a. Total Marks are 100 of which 90 marks will be allotted basing on the marks obtained in qualifying examination and 10 marks will be awarded for the age.
- b. Merit list will be prepared based on the marks obtained with above criteria and displayed on website for transparency and also for calling objections.
- c. Selection list will be prepared from the finalized merit list duly following the rules of reservations.

PARA-5: AGE:

- I. Minimum 18 Years and Maximum 44 Years. The age reckoned as on 01-07-2017.
 - a. No persons shall be eligible if he/she is less than 18 years of age.
 - b. No persons shall be eligible if he/she crossed 58 years of age (superannuation age).

Contd.. 2..

II. Age relaxations upper age limit prescribed above is however relaxable as per rules.

S1. No.	Category of candidates	Relaxation of age permissible
1.	SC/ST and BCs	5 Years
2.	Physically Handicapped persons	10 Years

PARA-6: HOW TO APPLY

- a. Application forms along with the instructions can be downloaded from official websites.
- b. Filled in application form shall be submitted in person or through registered post to the District Medical and Health Officer, Nalgonda District, received after due dates will be summarily rejected District Selection Committee is not responsible for postal delays.
- c. Self attested copies of the following certificates should be enclosed along with the application form.

1.	S.S.C. or Equivalent examination.
2.	Intermediate or 10+2 examination.
3.	Qualification Examination Pass Certificate.
4.	Marks Memos of all the years (qualifying examination).
5.	Registration Certificate or respective councils.
6.	Latest Caste Certificate issued by the Tahsildhar concerned.
7.	Study Certificate for the years from 4 th class to 10 th class.
8.	PH certificate in respect of candidates claiming reservation under PH Quota.
9.	Relevant certificate in respect of candidates claiming Ex-Service Man Quota.
10.	1 Photograph duly pasted on the application form.
11.	Acknowledgement Card.

TENTATIVE SCHEDULE FOR FILLING UP ABOVE POSTS

1.	Issue of Notification Collections	10-07-2017
2.	Last Date of receipt of applications	20-07-2017
3.	Scrutiny of applications, Preparation of provisional merit list shall be published	10-08-2017
4.	Objections shall be invited on the display of provisional merit list up to	15-08-2017
5.	Display of final merit list	30-08-2017

**NOTE:FILLED APPLICATIONS SHOULD BE SUBMITTED ON OR BEFORE
20-07-2017, 05:00 PM TO OFFICE OF THE DISTRICT MEDICAL AND
HEALTH OFFICER, NALGONDA DISTRICT -508001.**

Sd/-
District Medical and Health Officer,
Nalgonda.

GOVERNMENT OF TELANGANA
DISTRICT MEDICAL AND HEALTH OFFICE: NALGONDA

APPLICATION FOR THE POST OF _____
ON CONTRACT BASIS

REGISTRATION NO. _____

1. Name of the applicant :
(IN BLOCK LETTERS)

2. Father's Name :

3. Date of Birth :

4. Gender : Male Female

Photo with
Self
Attestation

5. Social Status :
(Please tick the appropriate box):

OC BC A B C D E SC ST

6. Special Quota

i. Ex-Service men ii. Physically Disabled: VH HH OH

7. Educational qualification :

8. Technical qualification :

9. Council Registration No. :
and date

10. Local District/Status (based on the 4th to 10th class study)
(as per Presidential Order):

11. Address for Communication:
with Phone No.

Place:

SIGNATURE OF THE APPLICANT

Date: