

GOVERNMENT OF ANDHRA PRADESH  
(Health, Medical & Family Welfare Department)

From	To
Dr P.Venakata Buddha,MS (GEN)	The Officer
Superintendent	NIC.NET
Govt. General Hospital	Collectorate Compound
KAKINADA	KAKINADA

Rc.No. 4299 /E.2/2021 -13 : Date: 03 -06-2022.

Sir,

Sub: RECRUITMENT 2021 – Para Medical Recruitment, 2021 – 13/2021 Notification for Calling Applications – from the Eligible Candidates – Requested – Regarding.

Ref: 1.Rc.No.9000/P.1/2021, dated 19-11-2021 of the Director of Medical Education, A.P. Vijayawada.  
2. Paper Notification dated 01-12-2021  
3. Approval from the Chairman of the DSC.

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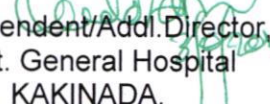
I am to inform that, in view of the Recruitment 2021, the following posts are calling applications from the eligible disabled qualified candidates.

Hence you are requested to display the enclosed Notification-13/2021 for in the District web site [www.eastgodavari.ap.gov.in](http://www.eastgodavari.ap.gov.in) from 03 -06-2022 to 07-06-2022.

Sl. No.	Name of the Post	No. of Posts	Fixed Remuneration per month	Cycle No. / Roster point	Method of Recruitment
1	Lab Technician	1	28000/-	ST R.P.25	Contract
2	Pharmacist	1	28000/-	Sc-[W] R.P.-22	Contract
3	Refractionist	1	17500/-	OC-[G] R.P-1	Out sourcing
4	M.N.O	6	12000/-	OC- 51, SC--52, OC - 53,BC-A-54, OC[W]-55, OC [OH]-56	Out sourcing
5	F.N.O	2	12000/-	OC [EWS]-32, ST-33	Out sourcing
6	Attender	1	12000/-	BC-A-4 [W]	Out sourcing
	Total	12			

Once again requested to Display the above in the District web site.

Yours faithfully,

  
Superintendent/Addl. Director  
Govt. General Hospital  
KAKINADA.

Copy to the Chairman District Selection Committee, East Godavari, Kakinada.  
Copy submitted to the Director of Medical Education, A.P., Vijayawada.

**GOVERNMENT OF ANDHRA PRADESH.**  
**(HEALTH, MEDICAL & FAMILY WELFARE DEPARTMENT)**

**GOVERNMENT GENERAL HOSPITAL, KAKINADA, EAST GODAVARI DISTRICT.**

Rc.No. 4299/E.2/2021.

Dated: 03.06.2022.

**RECRUITMENT NOTIFICATION - 13/2021**

Applications are invited from eligible candidates for recruitment to the following posts on Contract basis/Outsourcing basis in all teaching hospitals under the administrative control of D.M.E., A.P., and Vijayawada. The Govt. Genl. Hospital, Kakinada has sanctioned the following cadre posts and issuing Notification on Contract / Outsourcing basis as mentioned below to work in Government General Hospital, Kakinada initially for a period of one year.

**PARA – I: VACANCIES.**

Sl. No.	Name of the Post	No. of Posts	Fixed Remuneration per month	Cycle No. / Roster point	Method of Recruitment
1	Lab Technician	1	28000/-	ST R.P.25	Contract
2	Pharmacist	1	28000/-	SC-[W] R.P.-22	Contract
3	Refractionist	1	17500/-	OC-[G] R.P-1	Out sourcing
4	M.N.O	6	12000/-	OC- 51, SC--52, OC - 53,BC-A-54, OC[W]-55, OC [OH]-56	Out sourcing
5	F.N.O	2	12000/-	OC [EWS]-32, ST-33	Out sourcing
6	Attender	1	12000/-	BC-A-4 [W]	Out sourcing
	Total	12			

**NOTE:** 1) The No. of vacancies is provisional and likely to increase or decrease as per the need of the department and availability of clear vacancies.

2) Subject to condition, the remuneration will be increased or decreased as per the Instructions of the Government / Head of the Department.

**PARA – II: SELECTION COMMITTEE.**

The selection of candidates shall be made by the following committee as per the instructions issued by the government vide G.O. Rt. No. 217 H.M. & F.W. [J.2] Dept., dated 26/02/2001 and G.O. Rt. No. 44 HM &FW [E.1] Dept, dated: 25.01.2016.,G.O.Ms.No.211 HM&FW (B.1) Dept. Dt. 05-08-2021, G.O.Ms.No.66 GAD (Ser.D) Dept. Dt.14-07-2021 and G.O.Ms.No.73 GAD (Ser.D) Dept. Dt.04-08-2021

- |  |   |                  |
|--|---|------------------|
| 1. District Collector, East Godavari District, Kakinada. | - | Chairperson.     |
| 2. Joint Collector, East Godavari District, Kakinada.    | - | Member Convenor. |
| 3. Superintendent of Govt. Genl. Hospital, Kakinada.     | - | Member.          |
| 4. D.M. & H.O., East Godavari District, Kakinada.        | - | Member.          |
| 5. D.C.H.S., East Godavari District, Rajamahendravaram.  | - | Member.          |



**PARA – III: ACADEMIC AND TECHNICAL QUALIFICATIONS.**

Sl. No.	Name of the Post	Method of appointment	Consolidated pay	Total No. of Posts	Qualifications required
1.	Lab. Technicians	Contract	28,000	<b>01</b>	I. Two years Diploma in Medical Lab Technology Course after SSC (or) II. B.Sc. with Medical Lab Technology as one of the optional subject (or) III. B.Sc. with BZC in 1 <sup>st</sup> class / B.Sc. Life Sciences in 1 <sup>st</sup> Class with P.G. Diploma in M.L.T., issued by N.I.M.S., Hyderabad [Prior to 01/06/2014] / S.V.I.M.S., Tirupati (or) IV. P.G. Diploma in Clinical Biochemistry course from any of the universities recognized by the U.G.C. (or) V. Diploma in Transfusion Medical Technology Course issued by the N.I.M.S., Hyderabad [Prior to 01/06/2014] (or) VI. Intermediate Vocational course in M.L.T. with one year clinical training/apprentice training certificate should be countersigned by the District Coordinator of Hospital Services of the concerned District (and) VII. All the above courses must be registered in A.P. paramedical Board prior to the date of notification. VIII. Computer knowledge along with any of the above qualifications.
2	Pharmacist	Contract	28,000	<b>01</b>	Pass in Intermediate with Science Group with a Diploma in Pharmacy awarded by the Andhra State Board of Technical Education/ Graduate in Pharmacy from the recognized institutions and registered with A.P. Pharmacy Registration Council.
3	Refractionist	<b>Out sourcing</b>	<b>17500</b>	<b>01</b>	Must have passed in Intermediate Science Group and must possess Diploma in Optometry/Refractionist course from any recognized institution and should be registered in A.P. paramedical Board and should be valid on the date of notification.
4	M.N.O.	<b>Outsourcing</b>	<b>12000</b>	<b>6</b>	10 <sup>th</sup> Class or Equivalent and First Aid Certificate from a recognized institution with successfully completion of training in First Aid Course.
5	F.N.O.	<b>Outsourcing</b>	<b>12000</b>	<b>2</b>	10 <sup>th</sup> Class or Equivalent and First Aid Certificate from a recognized institution with successfully completion of training in First Aid Course.
6	Attender	<b>Outsourcing</b>	<b>12000</b>	<b>1</b>	1] Must have passed SSC or its equivalent examination recognized by Govt. of A.P [or] 2] Must be able to ride a bicycle

**PARA – IV (A): METHOD OF SELECTION**

- Total Marks 100.
- 75% marks will be allocated against the marks obtained in the qualifying examination i.e. aggregating marks obtained in all the years in the qualifying examination.

- c) Weight age up to the maximum of 15% marks will be to the staff working in 104 (M.M.U.) in H.D.S. / C.D.S. / Aarogyasri / Trauma care / A.P.S.A.C.S. and other Government of India schemes on contract / outsourcing basis in the Medical & Health Department.
- d) Up to 10 marks at 1 mark for each completed year after passing of requisite qualification to the said post.

**PARA IV (B): PARTICULARS OF WEIGHT AGE FOR 15 MARKS**

G.O.Ms.No.163, HM&FW (B.2) Dept. Dt.12-09-2018 and G.O.Ms.No.301, HM&FW (B.2) Dept. Dt.20-06-2020.

- a) 2.5 marks for six months in Tribal Area.
- b) 2.0 marks for six months in Rural Area.
- c) 1.0 mark for six months in Urban Area.
- d) No marks will be given for the service rendered less than six months.
- e) The candidates who were terminated from contract / outsourcing service on any disciplinary grounds / adverse remarks will not be considered.

(OR)

**PARA IV (C): PARTICULARS OF WEIGHT AGE FOR 15 MARKS ( who are worked / working in Covid-19 duties and these recruitment shall be under the approval of D.S.C )**

G.O.Ms.No.211 HM&FW (B.2) Dept. Dated 08-05-2021

- (i) @5 Marks per 6 months
- (ii) @10 Marks per one year
- (iii) @15 Marks per one year six months.

**PARA V: AGE LIMIT:**

**AGE:-** The minimum and maximum age shall be reckoned as on 01.12.2021 with the relaxations allowed by the government. The candidates should not have completed 42 years of age and 5 years relaxation for SC,ST ,BC and E.W.S as on 30.09.2021 as per G.O. Ms. No. 52 G.A.D. [Ser.A] Dept., dated 17/06/2020.,G.O.Ms.No.66 GAD (Ser.D) Dept. Dt.14-07-2021 and G.O.Ms.No.73 GAD (Ser.D) Dept. Dt.04-08-2021

**PARA VI: APPLICATION PROCESS FEES:**

Each applicant must pay application process fee of **Rs. 300/- (Rupees three hundred only)** in favor the "The Chairman, Hospital Development Society, Government General Hospital, Kakinada to the savings bank account No. 480201010014203 of Bank of Baroda, G.G.H., Branch, Kakinada I.F.S.C., Code: VIJB0004802. S.T., S.C.,E.W.S P.H., and Ex-Serviceman applicants shall pay Rs.200/- [Rupees two hundred only] in the above mentioned bank towards the application processing fees.

**NOTE:** Original bank counterfoil receipt should accompany the application. Otherwise the same will be summarily rejected



#### **PARA VII (A): RULE OF RESERVATION:**

The General Rule 22 and 22-A of A.P. State and Subordinate Service Rules will apply including women reservation.

#### **PARA VII (B): RULE OF RESERVATION TO LOCAL CANDIDATES:**

Reservation to local candidates is applicable as provided in the rules and as amended from time to time and in force as on the date of notification. The candidates claiming reservation as local candidate should enclose the required study certificates from 4<sup>th</sup> class to 10<sup>th</sup> class issued by the concerned school authorities. In case of candidates who studied privately should submit Residence certificate issued by the concerned Tahsildar for a period of 07 years preceding to 10<sup>th</sup> class. Subsequent submission of the certificates will not be entertained.

Residence certificate will not be accepted in respect of the candidates who studied in any educational institution up to S.S.C., or passed equivalent examination. ***It is mandatory for such candidates to submit study certificates.***

#### **PARA VIII: HOW TO APPLY:**

The candidates should download the application from the website **nic net website/G.G.H., Kakinada portal** and submit the filled in applications with all relevant enclosures by registered post/in person and handover at the special counter provided in the office of the Superintendent, Government General Hospital, Kakinada on or before 05.00 PM on **07 . 06.2022.**

#### **PARA IX: INSTRUCTIONS TO THE CANDIDATES:**

1. The appointments are purely on temporary and on contract/outsourcing basis for a period of one year.
2. The candidates should work in the Government General Hospital, Kakinada or in any other place according to the need of the department.
3. The candidates should reside at their ***bonafied headquarters only.***

#### **PARA X: ENCLOSURES:**

Attested copies of the following certificates to be enclosed to the filled-in application:

1. Marks memos of Academic and Technical Qualifications.
2. Provisional Pass Certificates.
3. S.S.C., or its equivalent certificate for evidence of Date of Birth.
4. Latest Caste Certificate issued by the Tahsildar concerned.
5. Study certificates from 4<sup>th</sup> Class to 10<sup>th</sup> Class issued by the concerned school authorities or residence certificate for seven years preceding to S.S.C., in case of private study.
6. Certificate of Registration in A.P. Nursing and Midwives Council for the candidates applying for Staff Nurse post with up to date renewal.
7. Certificate of Registration in A.P. Paramedical Board for the candidates applying for the post of Lab Technician, Pharmacist and Dark Room Assistant.
8. Physically Handicapped Certificate (SADAREM) in respect of candidates claiming reservation under P.H. quota.
9. Original bank counterfoil receipt for the application processing fee paid in favour of the Chairman, Hospital Development Society, Government General Hospital, Kakinada in the ***Savings Bank Account No. 480201010014203*** of Bank of Baroda, Government General Hospital Branch, Kakinada.

10. Service certificate should be issued by the **Controlling Officer or any other authority** (Medical & Health Department) in case of the staff working on contract / outsourcing basis who wants to claim weight age marks. In the absence of such certificates candidates will not be given any weight age.

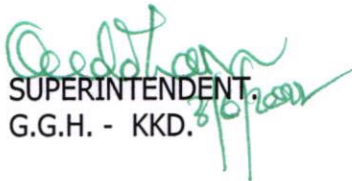
***Applications submitted without required particulars and incomplete applications will summarily be rejected.***

**NOTE:**

Candidates are informed that the recruitment process will be done under the personal supervision of Chairman of the District Selection Committee, E.G.Dist., / Joint Collector V.W.S. & D., East Godavari District, Kakinada **transparently** according to their merit, weight age and rule of reservation etc., as per guidelines and rules in vogue. **Hence, they are advised not to resort for any unethical practices and cooperate with the District Selection Committee for transparent selection of candidates.**

**TENTATIVE RECRUITMENT SCHEDULE**

Sl.No.	Process	Date
1	Date of Notification	03-06-2022
2	Last date for submission of applications	07-06-2022 by 5 pm
3	Display of Provisional Merit list in District website calling grievances if any from the applications	13-06-2022
4	Display of Final Merit list and selection list	17-06-2022
5	Issue of Orders	18-06-2022
6	Joining of the selected candidates	21-06-2022

  
SUPERINTENDENT,  
G.G.H. - KKD.

COLLECTOR & DIST. MEGISTRATE  
CHAIRMAN, DISTRICT  
SELECTION COMMITTEE.



**GOVERNMENT OF ANDHRA PRADESH**  
(Health, Medical & Family Welfare Department)

**GOVERNMENT GENERAL HOSPITAL, KAKINADA, EAST GODAVARI DISTRICT**  
**APPLICATION FORM AS PER PAPER NOTIFICATION DATED: 30.06.2022.**

Registration No: \_\_\_\_\_  
(To be filled by Office)

Post for which Application made: \_\_\_\_\_

Paste latest  
Passport size  
photograph and  
sign across it

1.	Name of the candidate										
2. a	Name of the Father										
2. b	Name of the Mother										
2. c	Name of husband / Wife (if married)										
3.	Gender (M/F/TG)										
4.	Date of Birth										
5.	Social Status (Please Tick) – Latest Caste Certificate issued by the concerned Revenue Authority ( If E.W.S candidate should submit relevant certificate from the Revenue Officials otherwise E.W.S quota not considered)	OC	E.W.S	BC	BC	BC	BC	BC	SC	ST	
				A	B	C	D	E			
6. a	Whether Physically Handicapped (Please tick)	YES / NO									
6. b	If yes please mention the category (Please tick). Mandatory to submit SADAREM Certificate.	VH / HH / OH									
7.	Whether Ex-serviceman. If YES, relevant proof	YES / NO									
8.	<b><u>DETAILS OF SCHOOL EDUCATION:</u></b>										

CLASS	YEAR OF PASSING	Name of the School and Place of Study	District
IV			
V			
VI			
VII			
VIII			
IX			
X			

- If Study Certificates are not enclosed from Class 4<sup>th</sup> to 10<sup>th</sup> to the application, the candidate's application will be declared as **NON-LOCAL**

**EDUCATIONAL QUALIFICATIONS (Academic& Technical) AND MARKS OBTAINED IN THE QUALIFYING EXAMINATION**

Qualifying Examination	Year of Passing	Total Marks	Marks Obtained	% of Marks obtained	A.P.Para Medical Council Registration No. and Year	A.P.Para Medical Council Registration valid up to

**EXPERIENCE CERTIFICATE IN CASE OF CONTRACT / OUTSOURCING EMPLOYEES.**

S.No.	Name of the Institution	Whether worked in COVID	Experience		No. of Months / Years Completed	Reference of Appointment order copy enclosed or not.	Whether the appointment is under D.S.C. or if any.
			From	To			

Application Process Fee : Rs. 300/- (OR) Rs.200/-

Bank D.D original copy : Enclosed / Not enclosed

Date of payment :

Name of the Bank :

D.D. No. & Date :

Branch and Place of Payment :

**DECLARATION**

I..... here-by solemnly and sincerely affirm that the information furnished by me in the application form and also in all the enclosures thereby submitted by me are true and correct to the best of my knowledge and belief. Later,if the information furnished by me is found fraudulent, incorrect or untrue, I am liable for criminal prosecution. Further, I also agree to forgo my candidature in the above recruitment. I shall abide by the decision of the selection committee which shall be final and binding on me. ***Further, I am also willing to accept the rejection of my application, if the application is found incomplete or insufficient information is provided by me.***

Place:

Date:

**Signature of the Candidate**



**ADDRESS PARTICULARS:**

1	Name	
2	Father's Name	
3	Spouse Name	
4	House No	
5	Street	
6	Town	
7	Village	
8	Mandalam	
9	District	
10	PIN code	
11	Mobile No. / Phone No.	
12	Email. I.D	

**Filled applications should submit to this office through online  
eastgovavari.ap.gov.in / Register Post (it should be reached within the stipulated time  
i.e) on or before 5 pm on 07 -06-2022**

## CHECK LIST

**Name of the Applicant:**

**Post Applied for:**

1	Filled-in application form duly signed by the applicant	Yes/No
2.	Attested copy of SSC or its equivalent	Yes/No
3.	Attested copies of Intermediate	Yes/No
4.	Attested copies of GNM/BSc Nursing Marks Memos	Yes/No
5.	Attested copy of Para Medical Board Registration Certificate	Yes/No
6.	Attested copy of Computer Applications if any having by applicant.	Yes/No
7.	Attested copy of Latest Caste Certificate issued by the Tahsildar/MRO concerned (Non production of this certificate leads to consider OC)	Yes/No
8.	For Intermediate Vocational course in M.L.T./ MPHA (F) with one year clinical training/apprentice training certificate should be countersigned by the District Coordinator of Hospital Services of the concerned District	Yes/No
9.	Attested copy of experience certificate enclosed in respect of contract/outsourcing employees.	Yes/No
10.	Attested copies of study certificates from Class – IV to X where the candidate studied and in case of private study residential certificate from the Tahsildar / MRO concerned.	Yes/No
11.	Attested copy of latest Physically handicapped certificate from Medical board/ SADAREM Certificate issued by the government (if applicable)	Yes/No
12.	Demand draft No..... & Date ...../ /2022 Name of the Bank ..... Branch..... and the applicant to write his name legibly at the back of the demand draft	

**Note:** All the enclosed attested copies must have the signature of the applicant also which is mandatory.

***I am willing to accept the rejection of application if the application is found incomplete or insufficient information is provided by me.***

Place:

Date:

**Signature of the Candidate.**