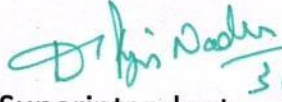


GOVERNMENT IOF ANDHRA PRADESH
MEDICAL,HEALTH AND FAMILY WELFARE DEPARTMENT
GOVT.GENERAL HOSPITAL,GUNTUR.

NOTIFICATION FOR THE POST OF STAFF NURSES ON CONTRACT BASIS

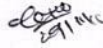
Applications are invited from the eligible candidates who are having DGNM/B.Sc.(N)/ MSC (N) qualification for filling up of 37 existing vacant posts of Staff Nurses on contract basis initially for a period of 1 year, sanctioned under G.O.Rt:44, health, Medical and Family Welfare (E1) Department,Dt:25.01.2016.

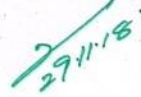
Application and other details are available in (www.guntur.ap.gov.in) and can be downloaded. The Last date for submission of application to the Superintendent, Govt. General Hospital, ~~and~~ Guntur is on or before ~~-----~~ ^{15.12.18} by 5:00pm.


Superintendent,

Govt. General Hospital,

Guntur.





GUIDELINES TO THE APPLICANTS:

- 1. Educational qualification: - a) Intermediate with Diploma in General Nursing & Midwifery (or) B. Sc Nursing Degree (Or) M. Sc Nursing Degree.**
 - 2. Age Limit –The candidate should not have completed 40 years of age as on 01-07-2018 as per G.O. Ms.No.295 GA (Ser-A) Department DtL23.09.2014. Relaxation will be as follows
For S.Cs,S.Ts & B.Cs 5 (Five)years
Disabled persons 10 (Ten) years.**
 - 3. Separate applications should be submitted for each category i.e. if any candidate wishes to submit application of DGNM & B. Sc (N) or B. Sc & M. Sc, 2 separate applications are to be submitted duly enclosing separate D.Ds.**
 - 4. Fee – Each application must be accompanied by DD worth Rs:200.00(Rs:Two hundred Only) favor of “ The Chairman, Hospital Development Society” Government General Hospital, Guntur.**
 - 5. Application submitted without Demand Draft will be rejected.**
- Exemption – SC & ST candidates are exempted from payment of fee
- 6. Method of Selection – Total Marks 100**
90 marks will be allocated against marks obtained in the qualifying examination (average of all years)
10 marks for weightage from the date of passing academic examination @ 1 mark per year.
There will be no interview, purely merit basis.
 - 7. Rule of Reservation – 100 point roster will be applicable as per Rule 22 of the A.P. State and Subordinate service Rules and presidential order will be followed.**
 - 8. Remuneration - Consolidated Pay (Fixed) Staff Nurses : Rs.22500/- only**
They are not eligible for any kind of increments and pay revisions
The budget to be met from under 300 OCS.

D. Sri Dade
30/11

Superintendent
GOVERNMENT GENERAL HOSPITAL,
GUNTUR.

Ces
29/11/18

Details of Vacancies (Including carry forwarded Vacancies)

1.M.Sc(Nursing):16 Vacanci

| Sl.No. | Roster reserved for | No.of vacancies |
|--------|---------------------|-----------------|
| 1 | OC-G | 1 |
| 2 | OC-W | 3 |
| 3 | SC-G | 1 |
| 4 | ST-G | 2 |
| 5 | ST-W | 1 |
| 6 | BC-A-W | 1 |
| 7 | BC-B-G | 1 |
| 8 | BC-B-W | 1 |
| 9 | BC-D-G | 1 |
| 10 | BC-D-W | 1 |
| 11 | BC-E-W | 1 |
| 12 | OC-PH-VH-W | 1 |
| 13 | OC-PH-HH | 1 |
| | TOTAL | 16 |

2.B.Sc(Nursing):07 Vacancies

| Sl.No. | Roster reserved for | No.of vacancies |
|--------|---------------------|-----------------|
| 1 | OC-G | 4 |
| 2 | OC-W | 1 |
| 3 | SC-G | 1 |
| 4 | OC-PH-HH | 1 |
| | TOTAL | 7 |

3.DGNM:14 Vacancies

| Sl.No. | Roster reserved for | No.of vacancies |
|--------|---------------------|-----------------|
| 1 | OC-G | 8 |
| 2 | OC-W | 3 |
| 3 | ST-W | 1 |
| 4 | BC-E-W | 1 |
| 5 | OC-PH-HH | 1 |
| | TOTAL | 14 |

D. Srinivasulu
30/11

Superintendent

Govt. General Hospital,

GUNTUR

C. Srinivasulu
29/11/16

29/11/16

APPLICATION FOR DGNM

GOVERNMENT OF ANDHRA PRADESH

DIRECTOR OF MEDICAL EDUCATION, ANDHRA PRADESH, VIJAYAWADA

APPLICATION FOR THE POST OF **STAFF NURSE** TO WORK ON **CONTRACT BASIS** IN
GOVERNMENT GENERAL HOSPITAL, GUNTUR

| (for office use only) | | | Paste a Photograph here | | | |
|--|---|-----------------|--------------------------------------|---|--|--------------------------|
| Application No. | Registration No. | Merit No. | | | | |
| | | | | | | |
| 1 | Name of the Candidate | | | | | |
| 2 | Name of the Father / Husband | | | | | |
| 3 | Sex | Male / Female | | | | |
| 4 | Date of Birth | | | | | |
| | Age as on 01.07.2018 | | | | | |
| 5 | Social Status (Please Tick) | | OC/BC-A/BC-B/BC-C/BC-D/BC-E/SC/ST | | | |
| 6 | Whether Physically handicapped. If yes mention category and said certificate should be enclosed | | Yes / No | | | |
| 7 | Whether Ex-service men. If yes certificate should be enclosed | | Yes / No | | | |
| | Class | Year of Passing | Name of District | Name of the School / College | | |
| | IV | | | | | |
| | V | | | | | |
| | VI | | | | | |
| | VII | | | | | |
| | VIII | | | | | |
| | IX | | | | | |
| | X | | | | | |
| | Intermediate | | | | | |
| | Educational Qualifications | Year of Passing | Name of the College / Nursing School | Obtained marks by the candidate in GNM Course | Maximum marks prescribed in GNM course | Percentage in GNM course |
| | GNM | | | | | |
| AP NURSING AND MIDWIFERY COUNCIL REGISTRATION NUMBER AND DATE | | | | | | |

ADDRESS PARTICULARS

| | |
|-----------------------------|-------------------------|
| NAME | |
| FATHER / HUSBAND NAME | |
| HOUSE NO. | |
| STREET | |
| VILLAGE / TOWN | |
| DISTRICT | |
| PINCODE | |
| CONTACT MOBILE NO. | |
| PARTICULARS OF DEMAND DRAFT | NO: DATE: BANK NAME: |
| | |

DECLARATION

I, Smt. / Kum. / Sri D/o, S/o, W/o
certify that above particulars furnished by me are correct, 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 can be cancelled summarily.

Signature of the Candidate.

NOTE: The candidate should submit following photocopy certificates attested by the any one of the Gazetted Officer along with application form. Failing which the application will be rejected.

1. Check List:

1. Diploma in General Nursing & Midwifery.
2. Marks Memo's of qualifying examination. .
3. Intermediate certificate.
4. Certificate of permanent registration in Andhra Pradesh Nursing & Midwives council with up to date renewal.
5. SSC or equivalent certificate (for Date of Birth)
6. Study certificates from class IV to X class from the School where the candidate studied.
7. If SSC or its equivalent done by private study, without attending any School, residence certificate form Tahsildar for previous 7 years (in the prescribed preformed.)
8. In the absence of the above certificate the candidate will considered as **Non Local**.
9. Copy of the latest caste certificate in case of SC/ST/BC (with categorization if any) issued by Tahsildar concerned.
10. In the absence of proper caste certificates the candidate will be considered as **OC** only.
11. Copy of the latest Physical Handicapped certificate issued by the Medical Board (**SADAREM**) if applicable.
12. Crossed demand draft for Rs: 200/- drawn on any nationalized bank in favor of "The Chairman, Hospital Development Society" Government General Hospital, Guntur.
13. One self addressed cover size 12X26 cm with postal stamps for worth of Rs: 35 and self addressed post card.
14. The application submitted without the required certificate and in complete applications will be rejected summarily.

APPLICATION FOR **B.SC (N)**

GOVERNMENT OF ANDHRA PRADESH

DIRECTOR OF MEDICAL EDUCATION, ANDHRA PRADESH, VIJAYAWADA
APPLICATION FOR THE POST OF STAFF NURSE TO WORK ON CONTRACT BASIS IN
GOVERNMENT GENERAL HOSPITAL, GUNTUR

| (for office use only) | | | Paste a Photograph here | | |
|---|---|--------------------------------------|---|---|-----------------------------|
| Application No. | Registration No. | Merit No. | | | |
| | | | | | |
| 1 | Name of the Candidate | | | | |
| 2 | Name of the Father / Husband | | | | |
| 3 | Sex | Male / Female | | | |
| 4 | Date of Birth | | | | |
| | Age as on 01.07.2018 | | | | |
| 5 | Social Status (Please Tick) | | OC/BC-A/BC-B/BC-C/BC-D/BC-E/SC/ST | | |
| 6 | Whether Physically handicapped. If yes mention category and said certificate should be enclosed | | Yes / No | | |
| 7 | Whether Ex-service men. If yes certificate should be enclosed | | Yes / No | | |
| | | | | | |
| Class | Year of Passing | Name of District | Name of the School | | |
| IV | | | | | |
| V | | | | | |
| VI | | | | | |
| VII | | | | | |
| VIII | | | | | |
| IX | | | | | |
| X | | | | | |
| Intermediate | | | | | |
| | | | | | |
| Educational Qualifications | Year of Passing | Name of the College / Nursing School | Obtained marks by the candidate in BSC (N) Course | Maximum marks prescribed in BSC(N) course | Percentage in BSC(N) course |
| B.Sc (N) | | | | | |
| AP NURSING AND MIDWIFERY COUNCIL REGISTRATION NUMBER AND DATE | | | | | |

ADDRESS PARTICULARS

| | |
|-----------------------------|--|
| NAME | |
| FATHER / HUSBAND NAME | |
| HOUSE NO. | |
| STREET | |
| VILLAGE / TOWN | |
| DISTRICT | |
| PINCODE | |
| CONTACT MOBILE NO. | |
| PARTICULARS OF DEMAND DRAFT | NO: DATE: BANK NAME: |
| | |

DECLARATION

I, Smt. / Kum. / Sri D/o, S/o, W/o
certify that above particulars furnished by me are correct, 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 can be cancelled summarily.

Signature of the Candidate.

NOTE: The candidate should submit following photocopy certificates attested by the any one of the Gazetted Officer along with application form. Failing which the application will be rejected.

1.Check List:

1. Diploma in B. Sc Nursing Degree.
2. Marks Memo's of qualifying examination i.e B.Sc Nursing Degree.
3. Intermediate certificate.
4. Certificate of permanent registration in Andhra Pradesh Nursing & Midwives council with up to date renewal.
5. SSC or equivalent certificate (for Date of Birth)
6. Study certificates from class IV to X class from the School where the candidate studied.
7. If SSC or its equivalent done by private study, without attending any School, residence certificate form Tahasildar for previous 7 years (in the prescribed preformed.)
8. In the absence of the above certificate the candidate will considered as **Non Local**.
9. Copy of the latest caste certificate in case of SC/ST/BC (with categorization if any) issued by Tahasildar concerned.
10. In the absence of proper Caste certificates the candidate will be considered as **OC** only.
11. Copy of the latest Physical Handicapped certificate issued by the Medical Board (**SADAREM**) if applicable.
12. Crossed demand draft for Rs: 200/- drawn on any nationalized bank in favor of "The Chairman, Hospital Development Society" Government General Hospital, Guntur.
13. One self addressed cover size 12X26 cm with postal stamps for worth of Rs: 35 and self addressed post card.
14. The application submitted without the required certificate and in complete applications will be rejected summarily.

APPLICATION FOR M.SC (N)

**GOVERNMENT OF ANDHRA PRADESH
DIRECTOR OF MEDICAL EDUCATION, ANDHRA PRADESH, VIJAYAWADA
APPLICATION FOR THE POST OF **STAFF NURSE** TO WORK ON **CONTRACT BASIS** IN
GOVERNMENT GENERAL HOSPITAL, GUNTUR**

| (for office use only) | | | | Paste a Photograph here | | |
|--|---|-----------------|--------------------------------------|--|--|------------------------------------|
| Application No. | Registration No. | Merit No. | | | | |
| | | | | | | |
| 1 | Name of the Candidate | | | | | |
| 2 | Name of the Father / Husband | | | | | |
| 3 | Sex | Male / Female | | | | |
| 4 | Date of Birth | | | | | |
| | Age as on 01.07.2018 | | | | | |
| 5 | Social Status (Please Tick) | | OC/BC-A/BC-B/BC-C/BC-D/BC-E/SC/ST | | | |
| 6 | Whether Physically handicapped. If yes mention category and said certificate should be enclosed | | Yes / No | | | |
| 7 | Whether Ex-service men. If yes certificate should be enclosed | | Yes / No | | | |
| | | | | | | |
| | Class | Year of Passing | Name of District | Name of the School / College | | |
| | IV | | | | | |
| | V | | | | | |
| | VI | | | | | |
| | VII | | | | | |
| | VIII | | | | | |
| | IX | | | | | |
| | X | | | | | |
| | Intermediate | | | | | |
| | | | | | | |
| | Educational Qualifications | Year of Passing | Name of the College / Nursing School | Obtained marks by the candidate in MSC (N) Course | Maximum marks prescribed in MSC(N) course | Percentage in MSC(N) course |
| | M.Sc(N) | | | | | |
| AP NURSING AND MIDWIFERY COUNCIL REGISTRATION NUMBER AND DATE | | | | | | |
| | | | | | | |

ADDRESS PARTICULARS

| | |
|-----------------------------|-------------------------|
| NAME | |
| FATHER / HUSBAND NAME | |
| HOUSE NO. | |
| STREET | |
| VILLAGE / TOWN | |
| DISTRICT | |
| PINCODE | |
| CONTACT MOBILE NO. | |
| PARTICULARS OF DEMAND DRAFT | NO: DATE: BANK NAME: |
| | |

DECLARATION

I, Smt. / Kum. / Sri D/o, S/o, W/o
certify that above particulars furnished by me are correct, 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 can be cancelled summarily.

Signature of the Candidate.

NOTE: The candidate should submit following photocopy certificates attested by the any one of
the Gazetted Officer along with application form. Failing which the application will be
rejected.

1.Check List:

1. Diploma in M. Sc Nursing Degree.
2. Marks Memo's of qualifying examination i.e M.Sc Nursing Degree.
3. Intermediate certificate.
4. Certificate of permanent registration in Andhra Pradesh Nursing & Midwives council with up to date renewal.
5. SSC or equivalent certificate (for Date of Birth)
6. Study certificates from class IV to X class from the School where the candidate studied.
7. If SSC or its equivalent done by private study, without attending any School, residence certificate form Tahasildar for previous 7 years (in the prescribed preformed.)
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