

ప్రభుత్వ సర్వజన వైద్యశాల, కర్నూలు

ఉద్యోగ ప్రకటన

ఆర్.సి.నెం. స్పెషల్ / ADMHO (A&L) / DAPCU /GGH - KNL / 2017-18

తేది : 18.03.2018.

జాతీయ ఎయిడ్స్ నియంత్రణ సంస్థ / రాష్ట్ర ఎయిడ్స్ నియంత్రణ సంస్థ, విజయవాడ వారి సహకారముతో నడపబడుచున్న ఎ. ఆర్. టి ఫ్లస్ సెంటర్ నందు కాంట్రాక్టు పద్ధతిలో పారితోషకముతో కూడిన పనిచేయుటకు ఒక సంవత్సర కాలానికి క్రింద పేర్కొనబడిన అర్హత కలిగిన అభ్యర్థుల నుండి ధరఖాస్తులు కోరడమైనది.

| క్రమ సంఖ్య | ఉద్యోగము పేరు | ఉద్యోగాల సంఖ్య | పారితోషకము రూ. నెలకు | కనీస అర్హతలు | అనుభవం | కేటాయించిన రిజర్వేషన్ |
|------------|---------------|----------------|----------------------|--|----------------------------------|--|
| 1 | వైద్య అధికారి | 01 | రూ. 36,000/- | MBBS | 2 years in relevant filed if any | ఓపెన్ కాంపిటీషన్ |
| 2 | డేటా మేనేజర్ | 01 | రూ.13,000/- | Degree (preferably with commerce background) & Dip.in.Computers or O Level course from DOEACC. From a recognized institute or university | | ఓపెన్ కాంపిటీషన్ |
| 3 | స్టాఫ్ నర్స్ | 03 | రూ.13,000/- | GNM | | ఓపెన్ కాంపిటీషన్ -మహిళా -1 ఎస్. సి . - మహిళా -1 ఓపెన్ కాంపిటీషన్ - 1 |

ఆసక్తి కలిగిన అభ్యర్థులు పూర్తి వివరముల కొరకు www.kurnool.ap.gov.in వెబ్ సైట్ లో చూడగలరు. ధరఖాస్తును వెబ్ సైట్ నుండి download చేసుకొనగలరు.

పై అర్హత గల అభ్యర్థులు Application Form Fill up చేసి పోస్ట్ ద్వారా లేదా స్వయంగా 26.03.2018 తేది సాయంత్రము 5.00 గంటలలోపు Medical Superintendent కార్యాలయము, ప్రభుత్వ సర్వజన వైద్యశాల, కర్నూలు నందు సమర్పించవలయును. నిర్ణీత సమయము లోపల ఈ కార్యాలయమునకు అందని ధరఖాస్తులు పరిశీలించబడవు.

ధరఖాస్తులు సమర్పించవలసిన / పంపవలసిన చిరునామా :

MEDICAL SUPERINTENDENT,
GOVT. GENERAL HOSPITAL,
KURNOOL - 518 002.

Sd/- Dr.P.Chandrasekhar,
Medical Superintendent,
Govt. General Hospital,
KURNOOL.

MODE OF SELECTION :

1. News to publish in local news paper and uploading in district website.
2. Collection of Applications and prepare the merit list
3. The No.ofapplicants for the particular post is more than 10, a written test can be conducted. Written examination weightage for 40 marks and interview for 10 marks = Total 50 Marks.
4. Conducting of Interview for candidates 1:5 Ratio.
5. Final list shared to APSACS for ratification orders.

Sd/- Dr.P.Chandrasekhar,
Medical Superintendent,
Govt. General Hospital,
KURNOOL.

App No:

GOVERNMENT OF ANDHRA PRADESH
(Notification No. SPL /GGH-ART / 2017 -18)

Affix
Latest colour passport size
photo with self attestation

APPLICATION FOR THE POST OF : Medical Officer at ART Plus center, GGH,
Kurnool

TO WORK ON CONTRACT BASIS UNDER THE CONTROL OF
MEDICAL SUPERINTENDT, GOVT.GENERAL HOSPITAL, KURNOOL
AT ART CENTER, GGH, KURNOOL (APSACS)

1. NAME OF THE APPLICANT :
(In Block letters as per SSC)

2. NAME OF THE FATHER :

3. DATE OF BIRTH:
(As per SSC marks list)

| Date | Month | Year |
|------|-------|------|
| | | |

4. AGE AS ON 01.03.2018 :

| Years | Months | Days |
|-------|--------|------|
| | | |

5. Category:
(SC/ST/OBC/GEN) :

6. DETAILS OF SCHOOL STUDIES:

| Sl.No. | Class | Year of Passing | School & Place | District |
|--------|-------|-----------------|----------------|----------|
| 1 | IV | | | |
| 2 | V | | | |
| 3 | VI | | | |
| 4 | VII | | | |
| 5 | VIII | | | |
| 6 | IX | | | |
| 7 | X | | | |

6(a). PROFESSIONAL / TECHNICAL QUALIFICATION :

| Professional /Technical Qualification | Maximum Marks | Marks obtained | % of marks |
|---------------------------------------|---------------|----------------|------------|
| | | | |
| | | | |
| | | | |

7. ADDRESS FOR CORRESPONDENCE:

| | Present Address | Permanent Address |
|-------------------|-----------------|-------------------|
| <u>Address</u> | | |
| <u>Mobile No:</u> | | |
| <u>E-Mail ID</u> | | |

8. Whether 2 years experience in the Hospital Services (Yes/NO) :

If yes working details

9. A.P. Medical Board Registration in council (Yes/No) :

10. Computer knowledge course (Yes/No) :
If yes certificate should enclosed.

DECLARATION

I _____ S/o / D/o _____ solemnly declare that the particulars given above are correct to the best of my knowledge and belief. I also agree that in the event of any of the particulars furnish in my application being found to be incorrect or false at a later date, my appointment will be cancelled summarily.

DATE:

PLACE:

SIGNATURE OF THE APPLICANT

| Sl. No. | Name of the Certificates / Documents to be enclosed. | Enclosed (Yes/No) |
|---------|--|-------------------|
| 1 | SSC Pass Certificate | |
| 2 | MBBS Provisional certificate | |
| 3 | Internship certificate | |
| 4 | Medical Registration certificate | |
| 5 | Experience certificate | |
| 6 | | |
| 7 | | |
| 8 | | |

(All the certificates should be self attested by the candidate)

App No:

GOVERNMENT OF ANDHRA PRADESH
(Notification No. SPL /GGH-ART / 2017 -18)

Affix
Latest colour passport size
photo with self attestation

APPLICATION FOR THE POST OF : Data Manager at ART Plus center, GGH,
Kurnool

TO WORK ON CONTRACT BASIS UNDER THE CONTROL OF
MEDICAL SUPERINTENDT, GOVT.GENERAL HOSPITAL, KURNOOL
AT ART CENTER, GGH, KURNOOL (APSACS)

1. NAME OF THE APPLICANT :
(In Block letters as per SSC)

2. NAME OF THE FATHER :

3. DATE OF BIRTH:
(As per SSC marks list)

| Date | Month | Year |
|------|-------|------|
| | | |

4. AGE AS ON 01.03.2018 :

| Years | Months | Days |
|-------|--------|------|
| | | |

5. Category:
(SC/ST/OBC/GEN) :

6. DETAILS OF SCHOOL STUDIES:

| Sl.No. | Class | Year of Passing | School & Place | District |
|--------|-------|-----------------|----------------|----------|
| 1 | IV | | | |
| 2 | V | | | |
| 3 | VI | | | |
| 4 | VII | | | |
| 5 | VIII | | | |
| 6 | IX | | | |
| 7 | X | | | |

6(a). TECHNICAL QUALIFICATION :

| Technical Qualification | Maximum Marks | Marks obtained | % of marks |
|-------------------------|---------------|----------------|------------|
| | | | |
| | | | |
| | | | |

7. ADDRESS FOR CORRESPONDENCE:

| <u>Address</u> | <u>Present Address</u> | <u>Permanent Address</u> |
|-------------------|------------------------|--------------------------|
| | | |
| <u>Mobile No:</u> | | |
| <u>E-Mail ID</u> | | |

8. Whether 2 years experience in the Computer / Data Manager & Accounts (Yes/NO) :
If yes working details

9 . Computer knowledge O level (Yes/No) :
If yes certificate should enclosed.

DECLARATION

I _____ S/o / D/o _____ solemnly declare that the particulars given above are correct to the best of my knowledge and belief. I also agree that in the event of any of the particulars furnish in my application being found to be incorrect or false at a later date, my appointment will be cancelled summarily.

DATE:

PLACE:

SIGNATURE OF THE APPLICANT

| Sl. No. | Name of the Certificates / Documents to be enclosed. | Enclosed (Yes/No) |
|---------|---|-------------------|
| 1 | SSC Pass Certificate | |
| 2 | Intermediate Pass Certificate | |
| 3 | Graduation Degree Provisional Certificate. | |
| 4 | Computers course certificate / O level course from DOEACC | |
| 5 | Experience certificate | |
| 6 | | |
| 7 | | |
| 8 | | |

(All the certificates should be self attested by the candidate)

App No:

GOVERNMENT OF ANDHRA PRADESH
(Notification No. SPL /GGH-ART / 2017 -18)

Affix
Latest colour passport size
photo with self attestation

APPLICATION FOR THE POST OF: Staff Nurse at ART Plus center, GGH,
KURNOOL

TO WORK ON CONTRACT BASIS UNDER THE CONTROL OF
MEDICAL SUPERINTENDT, GOVT.GENERAL HOSPITAL, KURNOOL
AT ART CENTER, GGH, KURNOOL (APSACS)

1. NAME OF THE APPLICANT :
(In Block letters as per SSC)

2. NAME OF THE FATHER :

3. DATE OF BIRTH:
(As per SSC marks list)

| Date | Month | Year |
|------|-------|------|
| | | |

4. AGE AS ON 01.03.2018 :

| Years | Months | Days |
|-------|--------|------|
| | | |

5. Category:
(SC/ST/OBC/GEN) :

6. DETAILS OF SCHOOL STUDIES:

| Sl.No. | Class | Year of Passing | School & Place | District |
|--------|-------|-----------------|----------------|----------|
| 1 | IV | | | |
| 2 | V | | | |
| 3 | VI | | | |
| 4 | VII | | | |
| 5 | VIII | | | |
| 6 | IX | | | |
| 7 | X | | | |

6(a). PROFESSIONAL /TECHNICAL QUALIFICATION :

| Professional / Technical Qualification | Maximum Marks | Marks obtained | % of marks |
|--|---------------|----------------|------------|
| | | | |
| | | | |
| | | | |

7. ADDRESS FOR CORRESPONDENCE:

| | Present Address | Permanent Address |
|-------------------|-----------------|-------------------|
| <u>Address</u> | | |
| <u>Mobile No:</u> | | |
| <u>E-Mail ID</u> | | |

8. Whether 2 years experience in the Hospital services
(Yes/NO) :

If yes working details

9. A.P. Para Medical Board Registration (Yes/No) :

10. Computer knowledge like M.S. Office (Yes/No) :
If yes certificate should enclosed.

DECLARATION

I _____ S/o / D/o _____ solemnly
declare that the particulars given above are correct to the best of my knowledge and belief. I also agree that
in the event of any of the particulars furnish in my application being found to be incorrect or false at a later
date, my appointment will be cancelled summarily.

DATE:

PLACE:

SIGNATURE OF THE APPLICANT

| Sl. No. | Name of the Certificates / Documents to be enclosed. | Enclosed (Yes/No) |
|---------|--|-------------------|
| 1 | SSC Pass Certificate | |
| 2 | Intermediate Pass Certificate | |
| 3 | GNM Course certificate | |
| 4 | A.P. Medical Board Registration certificate | |
| 5 | Experience certificate if any | |
| 6 | | |
| 7 | | |
| 8 | | |

(All the certificates should be self attested by the candidate)