

NOTIFICATION NO. 01/2021

GOVERNMENT OF ANDHRA PRADESH

APPLICATION FOR THE POST OF LAB. TECHNICIAN TO WORK IN TREATMENT CENTRE
FOR HEPATITIS B & C UNDER NATIONAL VIRAL HEPATITIS CONTROL PROGRAMME GOVT.
GENERAL HOSPITAL, KADAPA.

1.	Name of the candidate		Paste Photograph here and sign across it						
2.a	Name of the Father								
2.b	Name of the Mother								
2.c	Name of husband/wife (if married)								
3.	Gender (M/F)								
4.	Date of Birth								
5.	Age as on 1.7.2021								
6.	Social Status(Please tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		OC	BC A	BC B	BC C	BC D	BC E	SC	ST
7.	Whether Physically Handicapped (Please tick)	YES / NO							
7(a)	If yes please mention category (Please tick)	V.I.							

CLASS	YEAR OF PASSING	Name of the studying Village and Mandal	DISTRICT IN WHICH STUDIED
IV			
V			
VI			
VII			
VIII			
IX			
X			

DETAILS OF SCHOOL EDUCATION:

STUDY CERTIFICATES FROM IV TO X SHOULD BE ENCLOSED OTHERWISE
CANDIDATE WILL BE TREATED AS NON LOCAL.

ACADEMIC MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Year of passing	Total Marks	Marks Obtained	% of Marks Obtained

TECHNICAL MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Year of passing	Total Marks	Marks Obtained	% of Marks Obtained

ADDRESS PARTICULARS:

Name :
Father
Name/
Spouse
name:
House
No :
Street :
Village/
Town :
District :
Pin :
Contact No :

Signature of the Applicant

DECLARATION

I, Kum/Smt/Sri.....D/o/S/o.....
.....

certify that the above particulars furnished by me are correct to the best of my knowledge and 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 will be cancelled summarily.

NAME AND SIGNATURE
OF THE CANDIDATE

EXPERIENCE CERTIFICATE

(Certificate to be issued by the Government Medical Officer /Medical Superintendent concerned)

This is to certify that
Sri/Kum/Smt.....

has worked/ has been working as on contract basis/
outsourcing basis in
..... as detailed
here under:-

Name of the institution	Rural/Urban/Tribal	Working/ worked period		Break of service if any	Total No. of years completed	Reasons for break in service if any
		From	To			

I hereby declare that :

- 13. The services of the above candidate working/worked on Contract/outsourcing basis during the above period are satisfactory.
- 14. He/ she does not have any adverse remarks from his/her superiors during the above period of contract/outsourcing services.
- 15. She is eligible for contractual/outsourcing service weightage as per the rules published in the notification.

Station:

Signature of the Medical Superintendent/

Medical Officer

Date:

// Countersigned by//

D.C.H.S/ DMHO/SUPDT.

GOVERNMENT OF ANDHRA PRADESH

APPLICATION FOR THE POST OF LAB. TECH. ON CONTRACT BASIS TO WORK IN TREATMENT CENTRE FOR HEPATITIS B & C UNDER NATIONAL VIRAL HEPATITIS CONTROL PROGRAMME IN GOVT. GENERAL HOSPITAL, KADAPA.

CHECK LIST:

Note: The applicants should attach the photostat copies of certificates duly attested by the Gazetted Officer, failing which the application will be rejected.

S.No.	Certificates to be enclosed	Whether enclosed Yes/No
1.	SSC or equivalent examination (for date of birth) Birth Certificate issued by the govt.	
2.	Intermediate examination/10 + 2 (OR) equivalent examination certificate	
3.	Qualifying exam certificated(Provisional or Degree Certificate)	
4.	Marks memos of all the years of qualifying examination along with supplementary if any	
5.	Certificate of permanent/renewal registration in A.P. Para Medical Council should be enclosed.	
6.	Recent (within 06 months) permanent Caste/Community certificate in case of SC/ST/BC (with categorization) issued by the Revenue authorities Tahsildar /MRO concerned. In the absence of proper Caste Certificate then candidate will be treated as OC candidate.	
7.	Study Certificates for the years 4 th class to 10 th class from the schools where the candidate studied (Govt./ZP/Municipal/Aided Schools). In case of private study 4 th class to 10 th class 7 years residence certificate from the Revenue authorities (Tahsildar/MRO) (4 th class to 10 th class with years and school name). In case of private study for a period not less than 7 years immediately preceding the date of commencement of 10 th or SSC, residence certificate in the proforma prescribed with authorized signatures. In the absence of the above study/residence certificate the candidate will be considered as Non-local.	
8	The service weightage will be allowed to the candidates those who are presently working in the respective cadre on contract/outsourcing basis in the Govt. institutions under the control of DPH&FW, DME and APVVP. The service certificate should be submitted in the prescribed proforma.	
9	Physically Handicapped Certificates issued by the SADAREM recently.	

SIGNATURE OF THE CANDIDATE.

RECRUITMENT SCHEDULE

1. ISSUE OF NOTIFICATION : 11 -8-2021.
2. LAST DATE FOR SUBMISSION OF APPLICATIONS: 14 -8-2021.