

**It is further submitted that, the Remuneration and Qualification for the Post is as follows**

Sl. No	Category	Posts vacant	Required qualifications	Other guidelines
1	Medical Officer – Dental	1	BDS from Any University recognized by Medical Council of India	As per government existing rules.
2	Clinical Psychologist	1	Master Degree in Child Psychology in any recognized university, OR M.Phil in Medical and Social Psychology / M.Phil in Clinical Psychology / M.Phil in Mental Health and Social Psychology of a recognized university. (Applications from all over India will be considered.)	
3	Audiologist cum speech therapist	1	Bachelor Degree in Speech and Language pathology from any recognized university.	
4	Dental Technician	2	Dental Hygienist certificate from any institute recognized by dental council of India	
5	Early Interventionist cum special educator	1	1) M.Sc in Disability studies (Early intervention with basic degree in Physiotherapy or occupational therapy / speech language pathologist / MBBS/BAMS/ BHMS OR 2) Post Graduate Diploma in early intervention with basis degree in Physiotherapy / occupational therapy / speech language pathologist / MBBS OR 3) B.Ed Special Education / Bachelor in Rehabilitation science / Bachelor in Mental retardation.	
6	Lab Technician	1	Diploma or Bachelor Degree in Medical Lab Technician from any recognized university	

**ABSTRACT**

Sl. No	Name of the Post	Mode of Recruitment	No Of Vacancies	Roaster Point to be Filled
01	Medical Officer – Dental	Contract Basis	01	3 – OC(G)
02	Clinical Psychologist	Contract Basis	01	1 – OC(W)
03	Audiologist cum speech therapist	Contract Basis	01	2 – SC(W)
04	Dental Technician	Contract Basis	02	1 – OC(W) 2-SC(W)
05	Early Interventionist cum special educator	Contract Basis	01	1 – OC(W)
06	Lab Technician	Contract Basis	01	13 – OC – Ex-Serviceman
	<b>Total</b>		<b>07</b>	

**SELECTION GUIDELINES:**

- 1) 75% will be counted for Marks in academic qualification.
- 2) 15% for previous experience.
- 3) 10% for Educational seniority.
- 4) Applications with same roster point and all relevant documents will only be considered.
- 5) Already resigned candidate applications will not be entertained for same post.
- 6) Other Rules as per the existing Government Rules.

**The Schedule for appointment of Certain Posts in NHM Scheme in RBSK Programme under the DMHO, Vizianagaram and Parvathipuram control is as follows (Tentatively):**

Date of issue of Notification	16-12-2024
Call for application	From 17-12-2024 to 31-12-2024 (working days only)
Scrutiny of applications	From 01-01-2025 to 05-01-2025
Publishing provisional Merit list	09-01-2025
Redressing grievances	From 10-01-2025 to 12-01-2025 (working days only)
Display of Final Merit List	20-01-2025
Issue of Appointment orders	22-01-2025

**Note: The Posts in the Notification may increased or decreased or Cancellation of Notification at any time by the District Selection Committee .**

**FRESH NOTIFICATION**  
**Rc.No.01/RBSK-RKSK, Dated -12-2024**  
**(O/o District Medical & Health Office ,Vizianagaram)**  
**HEALTH & FAMILY WELFARE DEPARTMENT**

FRESH NOTIFICATION for the recruitment drive for the Different posts in NHM Scheme purely on temporary and Contract Basis for a Period of One Year working under the DMHO ,Vizianagaram Control .

**APPLICATION FORM**

REGISTRATIN NO:  
 (TO BE FILLED BY THE OFFICE)

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POST FOR WHICH APPLICATION MADE

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1)Name of the applicant (in BLOCK letters)										
2)Aadhar No of the candidate (Mandatory)										
3)Father's Name/ Husband's Name										
4)Residential Address:										
5)Candidates personal mobile no.(Mandatory) <b>*All communications will be through mobile only</b>										
3)Sex:(Male/Female)	4)Date of birth :									
5)Religion:	6)Social Status :									
(SC/ST/BC -(with A,B,C,D)/ OC)										
7)Relaxation of age, if any: (Please specify the relaxation of age and in which aspect)										
8)Whether belongs to physically handicapped (latest Certificate issued by the SADARAM only valid)									(Yes/No)	
9)If belongs to Ex-Service men, length of service in armed force (Only Candidate must be Ex-servicemen/women)									(Yes/No)	
10)Whether the individual is having sports quota and having Eligibility certificate issued by the Sports Development Authority									(Yes/No)	
11) If belongs to Economically Weaker Sections(EWS) (Candidate must submit certificate obtained from Tahasildhar)									(Yes/No)	

**\*\*Study and conduct certificate details from Class- IV to X Class\*\***

Sl. No.	Class	Year of Study	Name & Address of the School, where studied	District
1	4 <sup>th</sup> Class			
2	5 <sup>th</sup> Class			
3	6 <sup>th</sup> Class			
4	7 <sup>th</sup> Class			
5	8 <sup>th</sup> Class			
6	9 <sup>th</sup> Class			
7	10 <sup>th</sup> Class			

Educational Qualification:				
Month & year of passing	Max. marks/ Grade/Points	Marks/Grade/Points obtained	Percentage of Marks Grade/Points/	
Name of the council/board in which registered		Registration No:	Year of Registration & Renewal	Registration Valid upto

**Contract/Outsourcing/ Covid-19 Service in Government if any:**  
**(Service certificate issued by the appointing authority of concerned Government department is only valid and Appointed Order )**

Name of the Scheme, where the applicant is working / was worked in the Government service	
Name of the department in which worked	
Whether on contract(or)out sourcing basis	
If, on outsourcing, indicate the Name & Address of the Out sourcing agency	
Appointment orders issued by whom	
Appointment orders Proceedings Rc.No.	
Place & Address, where the applicant has worked	
Indicate the place of working is Tribal, Rural(or) Urban	
Period of working (indicate DD/MM/YYYY)	From _____ To _____
No. of completed years in Government service	

Phone/Mobile No. :

E-mail address :

GOVERNMENT OF ANDHRA PRADESH

Contract/Outsourcing/Honorarium Service Certificate

(Certificate to be issued by the Controlling Officer concerned  
(DM&HO/DCHS/Principals of GMC/ Superintendents of GGH/ or any  
Other Appointing Authority)

This is to certify that, ..... S/o,D/o  
..... has been working / worked as (name of the post)in PHC  
/ CHC / AH / DH / GGH / or any other AP State Institution at  
.....on Contract / Out-Sourcing / Honorarium basis  
with concurrence of finance department, Government of AP. Details of his / her Contract /  
Out-Sourcing service as on the date of notification are as follows:

Name of the institution	Urban/ Rural/Tribal (or) Covid-19	Period		Duration	Reasons for break in service (if any)	Charges /allegations /adverse remarks if any
		From	To			

I hereby declare that:

1. His /her services as .....on Contract/Out-sourcing honorary basis during the above said period are satisfactory.
2. He/she does not have any adverse remarks from his superiors during the period of Contract/Out-sourcing/Honorarium service.
3. He/she is eligible for Contract / Outsourcing Service Weightage as per the rules published in the notification.

Signature & Seal of the Controlling Officer  
(DMHO/DCHS/any other competent  
District Authority who appointed the  
applicant)

Imp. Note: The self attested copy of appointment order must be en-closed along with this service certificate, otherwise weightage for Contract/ Outsourcing/honorary service will not be considered for final merit

APPENDIX-I

CERTIFICATE OF RESIDENCE

(Vide Sub-Clause (ii) of Clause (a) para 7 of the Presidential order) It is hereby certified,

(a) That Sri/Srimathi/Kumari \_\_\_\_\_

S/o, W/o, D/o \_\_\_\_\_ appeared for the first time for the matriculation (S.SC) Examination in (month) \_\_\_\_ year;

(b) That he/she has not studied in any educational institution during the whole or a part of the 4 consecutive academic years ending with the academic year in which he/she first appeared for the aforesaid examination;

(c) That in the 4 years immediately preceding the commencement of the aforesaid examination, he/she resided in the following place/places namely,

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Village	Taluk	District	Period
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1.

2.

3.

4.

5.

6.

7.

Station: OFFICE SEAL

Date:

Officer of Revenue Department not  
Below the rank of Tahsildhar or  
Deputy Tahsildhar in independent  
Charge Of a Sub Taluk

**DECLARATION**

I, \_\_\_\_\_, S/o/ D/o / W/o.

\_\_\_\_\_, resident of House No; \_\_\_\_\_ -

Address : \_\_\_\_\_, do here

by declare that, all the particulars furnished in my application are true and correct. I have read the entire notification and abide to the guidelines. I, further declare that, if the above particulars are found incorrect, I shall be liable for termination from service with immediate effect without any notice.

**Signature of the applicant**

**::CHECK LIST ::**

<b>Sl. No.</b>	<b>Enclosures</b>	<b>Status</b>
1	Filled-in application form with latest Passport size photo affixed.	Yes/No
2	Gazetted-attested copy of marks memo of SSC(or)equivalent certificate	Yes/No
3	Gazetted -attested copies of marks memos of all the years of qualifying Examination	Yes/No
4	Gazetted -attested copy of Provisional/ Permanent certificate of qualification	Yes/No
5	Gazetted-attested copy of permanent registration certificate of the Council /Board with necessary renewals	Yes/No
6	Gazetted –attested copy of latest caste certificate (in case of SC/ST/BC)	Yes/No
7	Gazetted –attested copies of study certificates from Class–IVto X where the candidate studied. In case of private study of SSC or its equivalent residence certificate issued by the Tahasildhar for the previous even years in the prescribed proforma.	Yes/No
8	Gazetted – attested copy of latest physically handicapped certificate issued by SADARAM /Ex-Servicemen(if applicable)	Yes/No
9	Gazetted-attested copy of sports certificate along with eligibility certificate issued by the sports development authority in the prescribed format(if applicable)	Yes/No
10	Gzatted-attested copy of EWS certificate issued by the Tahasildar (if applicable)	Yes/No
11	Gazetted-attested copy of service certificate of the candidate duly countersigned by the DM&HO/DCHS/Other authority competent By whom the individual was been appointed. as well as produce the Appointment order	Yes/No

**Note: All the above Certificates Must be Attested by the Gazetted Officer**

**Signature of the applicant**