

GOVERNMENT OF ANDHRA PRADESH

HEALTH, MEDICAL AND FAMILY WELFARE DEPARTMENT

**RECRUITMENT OF CERTAIN CATEGORIES OF THE POSTS ON
TEMPORARY BASIS BY CONDUCTING WALK-IN INTERVIEW FOR
UTILISATION OF THEIR SERVICES AT DISTRICT PUBLIC HEALTH LAB IN
CHITTOOR DISTRICT**

WALK-IN INTERVIEW ON: 04 .09.2021

Applications are invited from the qualified candidates for recruitment of the following categories of the posts on temporary basis for utilization of their services at District Public Health Lab established at District Hospital, Madanapalli, Chittoor district under the administrative control of District Medical & Health Officer, Chittoor. The category wise no. of posts to be filled is furnished hereunder;

S. No:	Name of the Category	Qualification	Remuneration per month	No. of posts
1	Microbiologist	MD/MBBS/M.Sc, Medical Microbiology with 2 years lab experience in diagnostic services for epidemic prone diseases	Rs.45,232/-	01
2	Lab Technician	DMLT with basic computer knowledge. preference can be given for higher qualification	Rs.19,019/-	01
3	Laboratory Assistant	DMLT with basic computer knowledge	Rs.15,000/-	01

The guidelines and online application can be obtained at the website from <https://dmhocr.wixsite.com/chittoor>

**Dist. Medl & Health Officer,
Chittoor**

**Joint Collector (VWSD)
Chittoor**

GOVERNMENT OF ANDHRA PRADESH

APPLICATION FOR THE POST OF _____
(Mention the Post name as mentioned in the Notification)

Affix
Latest colour
passport size
photo with self
attestation

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

2. FATHER’S NAME :

3. DATE OF BIRTH
(As per SSC MarksList)

Date	Month	Year

4. AGE AS ON 01.07.2021

Years		Months	Days
SC	ST	BC (with Sub Group)	Others

5. SOCIAL STATUS :
(Attested copy of latest Caste Certificate issued by the Tahsildar concerned)

6. Whether belongs to Physically Handicapped : Yes / No
(If Yes, the latest Certificate issued by the Medical Board to be enclosed)

7. Whether belongs to Ex-Service men Yes / No
(If yes, necessary certificate should be enclosed)

8. DETAILS OF SCHOOL EDUCATION :

Class	Year of Passing	Name of the School & Place	District
IV			
V			
VI			
VII			
VIII			
IX			
X			

Whether Local Candidate of Chittoor District: YES/NO

Residential Address :

Name :
Father Name :
Door No. :
Street :
Area :
District :
PIN code :
Mobile No. 1. :
Mobile No.2. :
E-mail ID :

9. QUALIFICATIONS
(Attested copies of relevant certificates of qualifying examination, along with Marks Lists to be enclosed)

(i) ESSENTIAL QUALIFICATION :

<u>Name of the Course</u>	<u>Date of passing of the Course</u>	<u>Maximum Marks in the Course</u>	<u>Marks obtained in the Course</u>

(In case of Studied in Abroad please mention marks as prescribed in the Notification and Please mention the Maximum and obtained marks)

(ii) Service Weightage :

<u>Place where worked / working.</u>	<u>Urban / Rural / Tribal</u>	<u>Period of work</u>		<u>Total period of experience</u>	
		From	To	Years	Months

Service certificate to be enclosed

Registration Number& year of
APMC/APPMB/APNMWC _____ year _____

Renewal valid up to : _____.

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 furnished in my application being found to be incorrect or false at a later date, my appointment will be cancelled summarily.

SIGNATURE OF THE
APPLICANT

:: CHECK LIST ::

Sl. No.	Enclosures	Status
1	Marks memo of SSC (or) equivalent certificate	Yes/No
2	Latest caste certificate (in case of SC/ST/BC)	Yes/No
3	Latest physically handicapped certificate /Ex-Servicemen (if applicable).	Yes/No
4	Ex-service men / women in armed forces certificate (if applicable)	Yes/No
5	Study certificates from Class–IV to X where the candidate studied.	Yes/No
6	Marks memos of all the years of qualifying examination	Yes/No
7	Provisional / Permanent certificate of qualification	Yes/No
8	Permanent registration certificate of A.P. Medical Council/A.P. Para Medical Board.	Yes/No
9	Service certificate issued by the concerned government departmental institution head (if applicable)	Yes/No
10	Latest passport size photograph of the applicant was affixed with attestation	Yes/No

Signature of the applicant