# GOVERNMENT OF ANDHRA PRADESH RECRUITMENT FOR VARIOUS CATEGORIES OF POSTS UNDER NATIONAL HEALTH MISSION, ERSTWHILE EAST GODAVARIDISTRICT

Notification No:586/2023 Dated.27-07-2023.

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# NTEP (National TB Elimination Programme) NATIONAL HEALTHMISSION, ERSTWHILE EAST GODAVARI DISTRICT

- 1. Applications are invited from the eligible candidates for filling up the following categories of posts under NTEP (National TB Elimination Programme) National Health Mission.
- 2. These posts are Open Category no roster point was applicable.
- 3. Details of the Post, Number of vacancies notified, Education qualifications and Experience required shown in Annexure-I & II.
- 4. **Age:** 18-42 years as on date of issue of the notification. 5 years' exemption for S.C., S.T., and B.C. Categories, Physical Handicapped for 10 years and Ex- service men for 15 years.
- 5. Candidates shall submit their applications should be given only in the application of the post for which you are applying(as per the format given) along with the following documents handover to the DM&HO Office, Kakinada duly self attested by the Candidate
  - a. Copy of SSC Certificate (Proof for Date of Birth)
  - b. Copy of Intermediate Certificate.
  - a. Copy of Academic / Technical Educational qualifications mentioned incolumn 8, against the Post applied in column 3 of the table in Annexure

     II.
  - b. Copy of Marks Memo's for qualification mentioned in column No.8, against each the Post applied in Column 3 in Annexure-II.
  - c. Copy of Latest Caste Certificate (within 1 year) issued by Mandal Revenue Officers concerned in case of SC, ST and BC, otherwise they will be treated as OC.

#### d. Calculation of marks:

- a. 75% Aggregate of marks obtained in all the years in the qualifying examination,
- b. Weightage of marks15% experience in Government service including contract /outsourcing service according to
- 1. G.O.Ms.No. 163 HM&FW(B1) Dept., dated 12-09-2018,
- 2. G.O.Ms.No. 301 HM&FW(B1) Dept., dated 20-06-2020
- 3. G.O.Ms. No. 07 HM&FW(B2) Dept., dated 06-01-2022 as follows:

For Rural and Urban Service:

- i. @ 2.5 Marks per six months in Tribal areas,
- ii. @ 2.0 marks per Six months in Rural Areas
- iii. @ 1.0 Mark per six months in Urban areas.

#### **For Covid Service:**

The Covid staff who are appointed for a period of(6) months but were discontinued not onaccount of any fault on their part, shall be considered for providing weightage in proportion to days of service rendered by them. However, for calculating same, every completed month shall be taken as a unit for example for a two-month period of service rendered they shall be given 1/3rd of the weightage ie., applicable for a six (6) months' work.

- c. Weightage Up to 10 marks @1.0mark per each completed year since they passed theyear of qualifying examination &after acquiring requisite qualification.
  - 6. Selection will be based on the merit.
  - 7. Recruitment process will be conducted by the District Selection Committee.
  - 8. Recruitment is on contract basis and initially for period of one year.
  - 9. Schedule for recruitment process.

S.N	Activity	Time lines
О		
1	Date of Issue of Notification	31/07/2023
2	Receipt of Application	From 31/07/2023 At 10.AM
		to 04/08/2023 5.PM
3	Display of Provisional Merit List	08/08/2023
4	Submission of Readdress of Grievances	14/08/2023
5	Publication of Final Merit list & Selection	16/08/2023
	list	
6	Issue of Appointment order	18/08/2023

#### **ANNEXURE - 1**

New Posts Sanctioned to the East Godavari District, Rajamahendravaram

S.NO	Cadre	Name of The Programme	No of posts Vacant/ Notified	Essential Qualification/ Requirements	Preferential Qualification
1.	Medical officer, DTC	NTEP	1	1. MBBS or equivalent degree from institution recognized by Medical council of India; Must have completed Compulsory rotatory internship.	1.Diploma/ MD Public Health/ Tuberculosis & Chest diseases 2.Oneyear experience in NTEP 3. Basic knowledge of computers have
2.	District Programme Coordinator	NTEP	1	MBA/PG Diploma management/ health administration from a recognized institute/ university 2) At least one year of experience	1. Preference will be given to those who have worked in the field of Development/ Health at District /State level 2. Basic Knowledge of computers
3.	DOTS Plus TB HIV Supervisor	NTEP	1	1. Graduate 2. Certificate Course in computer operation (minimum two months) 3. Permanent two wheeler driving license & should be able to drive two wheeler	1. At-least 2 years of work experience under NTEP or 5 years experience in any public health programme in a supervisory capacity. 3. Good communication skills in local language & willing to travel in the area of work.
4.	PPM Coordinator	NTEP	1	1.Post Graduate. 2. One year Experience of working in field of Communication. /ACSM/ Public Private Partner ship/ Health projects /programs 3. Permanent two wheeler driving license & should be able to drive two Wheeler.	1.Preference to those who have worked in NTEP. 2. Certificate / Diploma / Degree/Masters holders in Social Sciences/ Mass Media/ Communication /Rural Development Advocacy/ Partnerships related field. 3.Basic Knowledge of computers.
5.	Accountant	NTEP	1	1. Graduate in commerce 2. Two years of experience in Maintenance of accounts double entry system in a recognized Society or Institution 3. Experience in working with Accounting software for at least 2 years.	1 Familiarity with audit in a recognized society or institution 2. MBA/PGD in Financial management.
	Total		5		

NOTE: The posts notified above shall be increased or decreased as per the decisiontaken by the District Selection Committee.

Sd/- Dr.R.Ramesh

District Medical & Health Officer (FAC), Kakinada District, Kakinada

#### ANNEXURE - II

New Posts Sanctioned to the  $\,$  Dr B.R. Ambedkar Konaseema District, Amalapuram.

S.NO	Cadre	Name of The Programme	No of posts Vacant/ Notified	Essential Qualification/ Requirements	Preferential Qualification
1.	Medical officer, DTC	NTEP	1	1. MBBS or equivalent degree from institution recognized by Medical council of India; Must have completed Compulsory rotatory internship.	1.Diploma/ MD Public Health/ Tuberculosis & Chest diseases 2.Oneyear experience in NTEP 3. Basic knowledge of computers have
2.	District Programme Coordinator	NTEP	1	MBA/PG Diploma management/ health administration from a recognized institute/ university 2) At least one year of experience	1. Preference will be given to those who have worked in the field of Development/ Health at District /State level 2. Basic Knowledge of computers
3.	DOTS Plus TB HIV Supervisor	NTEP	1	1. Graduate 2. Certificate Course in computer operation (minimum two months) 3. Permanent two wheeler driving license & should be able to drive two wheeler	1. At-least 2 years of work experience under NTEP or 5 years experience in any public health programme in a supervisory capacity. 3. Good communication skills in local language & willing to travel in the area of work.
4.	PPM Coordinator	NTEP	1	1.Post Graduate. 2. One year Experience of working in field of Communication. /ACSM/ Public Private Partner ship/ Health projects /programs 3. Permanent two wheeler driving license & should be able to drive two Wheeler.	1.Preference to those who have worked in NTEP. 2. Certificate / Diploma / Degree/Masters holders in Social Sciences/ Mass Media/ Communication /Rural Development Advocacy/ Partnerships related field. 3.Basic Knowledge of computers.
5.	Accountant	NTEP	1	1. Graduate in commerce 2. Two years of experience in Maintenance of accounts double entry system in a recognized Society or Institution 3. Experience in working with Accounting software for at least 2 years .	1 Familiarity with audit in a recognized society or institution 2. MBA/PGD in Financial management.
	Total		5		

NOTE: The posts notified above shall be increased or decreased as per the decisiontaken by the District Selection Committee.

Sd/- Dr.R.Ramesh

District Medical & Health Officer (FAC), Kakinada District, Kakinada

APPLICATION FOR THE POST OF **Accountant** (ON CONTRACT BASIS)
(Application should be downloaded and submitted in A4 size paper only)

Notification No.546/2023 Application No...... (for office use only)

(in BLOCK letters)  2)Father's Name/Husband's Name  3)Gender: 4)Date of birth: 5)Religion: 6)Social Status:(SC/ST/BC with group/OC)  7)Relaxation of age if any: 8)Whether belongs to physically handicapped:				
3)Gender: 4)Date of birth: 5)Religion: 6)Social Status:(SC/ST/BC with group/OC) 7)Relaxation of age if any:				
5)Religion: 6)Social Status:(SC/ST/BC with group/OC) 7)Relaxation of age if any:				
7)Relaxation of age if any:				
8)Whether belongs to physically handicapped:				
(Latest Certificate issued by the Medical board(SADAREM) only to be enclosed)				
9)If belongs to Ex-Service men, length of service in armed forces				
(Certificate to that effect to be enclosed)				
10)Details of Education qualifications from Class-IV to X Class 11)Local/Non Local				
Sl.No Class Year of Name of the School studied District				
Sl.No Class Name of the School studied District				
l 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 10thClass				

11) Marks Obtained in Qualifying Exam and Technical Qualifications

Academic&		Max. marks/Grade		% of Marks /
Technical qualifications	of Passing	Points	Points obtained	Grade points
SSC/10 <sup>th</sup> Class				
Intermediate				
Graduate in commerce				

- 12. Two years of experience in Maintenance of accounts double entry system in a recognized Society or Institution : Yes/No
- 13. Experience (Experience in working with Accounting software for at least 2 years): Yes/No
- 14. Address of Communication along with Pin code:

Name :
House Number :
Village/Town :
District :

Phone/ Mobile No. : e-mail address:

#### **DECLARATION**

I do here by declare that all the above facts are true and correct .I further declare that, if the above particulars are found incorrect, I shall be liable for termination from service with immediate effect without assigning any notice

SIGNATURE OF THE CANDIDATE

**Application No:** 

Name of the Applicant:

Name of the Post applied:

1	Copy of marks memo of SSC or equivalent certificate Verified.	YES	NO
2.	Copy of Intermediate Marks memo Verified.	YES	NO
3.	Copy of marks memos of Technical Qualification	YES	NO
4.	Copy of Apprentice completion certificate in case of Intermediate Vocational Verified.	YES	NO
5.	Copy of APMCI/APNMC/APPM Board registration Certificate Verified.	YES	NO
6.	Copy of latest Caste Certificate(incase of SC/ST/BC) Verified.	YES	NO
7.	Copy of Study Certificates from Class—  IV to X where the candidates tudied Verified.	YES	NO
8.	Copy of latest Physically handicapped certificate SADAREM (if applicable) Verified	YES	NO
9.	Copy of certificates supporting Ex Service Man Quota (if applicable)Verified.	YES	NO
10	Copy of Certificate of Experience (If Service Persons) duly counter signed by the District authority)	YES	NO
11	All the above documents should be attested.	YES	NO
12	Signature of the application & check list.	YES	NO

APPLICATION FOR THE POST OF PPM COORDINATOR (ON CONTRACT BASIS)

(Application should be downloaded and submitted in A4 size paper only)

Notification No.546/2023 Application No...... (for office use only)

l)Nan	ne of the app	licant			
(in	BLOCK letters	)			
2)Fath	ner's Name/H	łusband's Name			
3)Ger	nder:		4)Date of birth:		
5)Reli	gion:		6)Social Status:(SC/ST/BC with group/OC).		
7)Rela	7)Relaxation of age if any:				
8)Wh	ether belong	s to physically h	andicapped:		
(Lat	(Latest Certificate issued by the Medical board(SADAREM)only to be enclosed)				
9)If be	elongs to Ex-	Service men, len	igth of service in armed forces		
(Cer	(Certificate to that effect to be enclosed)				
10)Details of Education qualifications from Class-IV to X Class 11)Local/Non Local					
Sl.No	Closs	Year of	Name of the School studied	District	
51.110	Class	passing	Name of the School 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				
111 74	T1 . Ol. (	1 i O 1:£i 1			

11) Marks Obtained in Qualifying Exam and Technical Qualifications

Academic& Technical qualifications	Month & Year of Passing	Max. marks/Grade Points	Marks / Grade Points obtained	% of Marks / Grade points
SSC/10 <sup>th</sup> Class				
Intermediate				
Post Graduate				

15. Permanent two wheeler driving

License & should be able to drive two wheeler: Yes/No

es/ No Valid up to:

- 16. Experience (One year Experience of working in field of Communication. /ACSM/ Public Private Partner ship/ Health projects /programs):
- 17. Address of Communication along with Pin code:

Name :

House Number :
Village/Town :
District :

Phone/ Mobile No. : e-mail address:

#### **DECLARATION**

I do here by declare that all the above facts are true and correct .I further declare that, if the above particulars are found incorrect, I shall be liable for termination from service with immediate effect without assigning any notice

Application No:

Name of the Applicant:

Name of the Post applied:

l	Copy of marks memo of SSC or equivalent certificate Verified.	YES	NO
2.	Copy of Intermediate Marks memo Verified.	YES	NO
3.	Copy of marks memos of Technical Qualification	YES	NO
4.	Copy of Apprentice completion certificate in case of Intermediate Vocational Verified.	YES	NO
5.	Copy of APMCI/APNMC/APPM Board registration Certificate Verified.	YES	NO
6.	Copy of latest Caste Certificate(incase of SC/ST/BC) Verified.	YES	NO
7.	Copy of Study Certificates from Class—  IV to X where the candidate studied Verified.	YES	NO
8.	Copy of latest Physically handicapped certificate SADAREM (if applicable) Verified	YES	NO
9.	Copy of certificates supporting Ex Service Man Quota (if applicable) Verified.	YES	NO
10	Copy of Certificate of Experience (If Service Persons) duly counter signed by the District authority)	YES	NO
11	All the above documents should be attested.	YES	NO
12	Signature of the application & check list.	YES	NO

Receiving Clerk.

Signature of the Candidate

APPLICATION FOR THE POST OF **DOTS PLUS TB HIV SUPERVISOR** (ON CONTRACT BASIS) (Application should be downloaded and submitted in A4 size paper only)

Notification No.546/2023 Application No..... (for office use only)

1)Nan	ne of the app	licant				
(in	BLOCK letters	)				
2)Fath	ner's Name/I	łusband's Name				
3)Ger	nder:		4)Date of birth:			
5)Reli	gion:		6)Social Status:(SC/ST/BC with group/OC	)		
7)Rela	axation of ag	e if any:				
8)Wh	ether belong	s to physically ha	andicapped:			
(Lat	est Certificate i	ssued by the Medica	l board(SADAREM)only to be enclosed)			
9)If be	elongs to Ex-	Service men, len	gth of service in armed forces			
(Cer	rtificate to that effe	ect to be enclosed)				
10)De	tails of Educ	ation qualification	ns from Class-IV to X Class 11)Lo	cal/Non Local		
Sl.No	Class	Year of	Name of the School studied	District		
51.110	Class	passing	Name of the School 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					
11) M	11) Marks Obtained in Qualifying Exam and Technical Qualifications					

Academic& Technical qualifications	Month & Year of Passing	Max. marks/Grade Points	Marks / Grade Points obtained	% of Marks / Grade points
SSC/10 <sup>th</sup> Class				
Intermediate				
Graduate				

: Yes/No Duration: 18. Computer Course

19. Permanent two wheeler driving

License & should be able to drive two wheeler: Yes/No Valid up to:

20. Experience (At-least 2 years of work experience under NTEP

or 5 years experience in any public health programme in a supervisory capacity):

21. Address of Communication along with Pin code:

Name

House Number Village/Town District

Phone/ Mobile No. e-mail address:

#### **DECLARATION**

I do here by declare that all the above facts are true and correct .I further declare that, if the above particulars are found incorrect, I shall be liable for termination from service with immediate effect without assigning any notice

# ApplicationNo:

# Name of the Applicant:

# Name of the Post applied:

1	Copy of marks memo of SSC or equivalent certificate Verified.	YES	NO
2.	Copy of Intermediate Marks memo Verified.	YES	NO
3.	Copy of marks memos of Technical Qualification	YES	NO
4.	Copy of Apprentice completion certificate in case of Intermediate Vocational Verified.	YES	NO
5.	Copy of APMCI/APNMC/APPM Board registration Certificate Verified.	YES	NO
6.	Copy of latest Caste Certificate(incase of SC/ST/BC) Verified.	YES	NO
7.	Copy of Study Certificates from Class—  IV to X where the candidates tudied Verified.	YES	NO
8.	Copy of latest Physically handicapped certificate SADAREM (if applicable) Verified	YES	NO
9.	Copy of certificates supporting Ex Service Man Quota (if applicable)Verified.	YES	NO
10	Copy of Certificate of Experience (If Service Persons) duly counter signed by the District authority)	YES	NO
11	All the above documents should be attested.	YES	NO
12	Signature of the application & check list.	YES	NO

Receiving Clerk.

Signature of the Candidate

APPLICATION FOR THE POST OF **DISTRICT PROGRAMME COORDINATOR** (ON CONTRACT BASIS) (Application should be downloaded and submitted in A4 size paper only)

Notification No.546/2023 Application No..... (for office use only)

1)Name of the applicant								
(in BLOCK letters)								
2)Fath	ner's Name/I	łusband's Name						
3)Ger	nder:		4)Date of birth:	4)Date of birth:				
5)Reli	gion:		6)Social Status:(SC/ST/BC with group/OC).	•				
7)Rela	axation of ag	e if any:						
8)Wh	ether belong	s to physically ha	andicapped:					
(Lat	est Certificate i	ssued by the Medica	l board(SADAREM)only to be enclosed)					
9)If be	elongs to Ex-	Service men, len	gth of service in armed forces					
•		ect to be enclosed)						
10)Details of Education qualifications from Class-IV to X Class 11)Local/Non Local								
CI NI-	Class	Year of	Name of the Calcast at disd	District				
Sl.No		passing	Name of the School 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							
11) Marks Obtained in Qualifying Evam and Technical Qualifications								

11) Marks Obtained in Qualifying Exam and Technical Qualifications

Academic& Technical qualifications	Month & Year of Passing	Max. marks/Grade Points	Marks / Grade Points obtained	% of Marks / Grade points
SSC/10thClass				
Intermediate				
MBA/PG Diploma management/ health administration from a recognized institute/ university				

#### 22. Experience:

23. Address of Communication along with Pin code:

Name

House Number Village/Town District

Phone/ Mobile No. e-mail address:

#### **DECLARATION**

I do here by declare that all the above facts are true and correct .I further declare that, if the above particulars are found incorrect, I shall be liable for termination from service with immediate effect without assigning any notice

# ApplicationNo:

# Name of the Applicant:

# Name of the Post applied:

1	Copy of marks memo of SSC or equivalent certificate Verified.	YES	NO
2.	Copy of Intermediate Marks memo Verified.	YES	NO
3.	Copy of marks memos of Technical Qualification	YES	NO
4.	Copy of Apprentice completion certificate in case of Intermediate Vocational Verified.	YES	NO
5.	Copy of APMCI/APNMC/APPM Board registration Certificate Verified.	YES	NO
6.	Copy of latest Caste Certificate(incase of SC/ST/BC) Verified.	YES	NO
7.	Copy of Study Certificates from Class—  IV to X where the candidates tudied Verified.	YES	NO
8.	Copy of latest Physically handicapped certificate SADAREM (if applicable) Verified	YES	NO
9.	Copy of certificates supporting Ex Service Man Quota (if applicable)Verified.	YES	NO
10	Copy of Certificate of Experience (If Service Persons) duly counter signed by the District authority)	YES	NO
11	All the above documents should be attested.	YES	NO
12	Signature of the application & check list.	YES	NO

Receiving Clerk.

Signature of the Candidate

APPLICATION FOR THE POST OF Medical Officer – DTC (ON CONTRACT BASIS)

(Application should be downloaded and submitted in A4 size paper only)

Notification No.546/2023 Application No...... (for office use only)

1)Name of the applicant							
(in BLOCK letters)							
2)Fath	er's Name/H	Iusban	d's Nan	ıe			
3)Ger	ıder:				ate of birth:		
5)Reli	gion:			6) <b>S</b> c	ocial Status:(SC/S	T/BC with group/OC)	
_	exation of ag						
-	ether belong	_	-				
					d(SADAREM)only to		
,	•			ength c	of service in arme	ed forces	
1	tificate to that effe			iona fra	om Class IV to V	Closs 11)I oso	1/Non Logol
торре	tails of Educ		ar of	ions ire	om Class-IV to X	Class II)LOCa	l/Non Local
Sl.No	Class		ar oi ssing		Name of the Sc	District	
l	4 <sup>th</sup> Class						
2	5 <sup>th</sup> Class						
3	6 <sup>th</sup> Class						
4	7 <sup>th</sup> Class						
5	8thClass						
6	9 <sup>th</sup> Class						
7	10 <sup>th</sup> Class						
11) M	larks Obtaine	ed in Q	ualifyin	g Exam	n and Technical Q	ualifications	
Academic& Month & Technical qualifications				marks/Grade		% of Marks / Grade points	
SSC/10thClass				Fonts			
Intermediate							
Qualification/ Graduation:							
24. Experience:							
AP MCI/APNMC/AP Para Medical Board							
Regist	ration Numb	er and	valid uj	o to			
25. Address of Communication along with Pin godo:							

25. Address of Communication along with Pin code:

Name :

House Number :
Village/Town :
District :

Phone/ Mobile No. : e-mail address:

#### **DECLARATION**

I do here by declare that all the above facts are true and correct .I further declare that, if the above particulars are found incorrect, I shall be liable for termination from service with immediate effect without assigning any notice

ApplicationNo:

Name of the Applicant:

Name of the Post applied:

1	Copy of marks memo of SSC or equivalent certificate Verified.	YES	NO
2.	Copy of Intermediate Marks memo Verified.	YES	NO
3.	Copy of marks memos of Technical Qualification	YES	NO
4.	Copy of Apprentice completion certificate in case of Intermediate Vocational Verified.	YES	NO
5.	Copy of APMCI/APNMC/APPM Board registration Certificate Verified.	YES	NO
6.	Copy of latest Caste Certificate(incase of SC/ST/BC) Verified.	YES	NO
7.	Copy ofStudyCertificatesfromClass— IVtoXwherethecandidatestudiedVerified.	YES	NO
8.	Copy of latest Physically handicapped certificate SADAREM (if applicable) Verified	YES	NO
9.	Copy of certificates supporting Ex Service Man Quota (if applicable) Verified.	YES	NO
10	Copy of Certificate of Experience (If Service Persons) duly counter signed by the District authority)		NO
11	All the above documents should be attested.	YES	NO
12	Signature of the application & check list.	YES	NO

# SERVICE CERTIFICATE OF CONTRACT / OUT SOURCING UNDER NATIONAL HEALTH MISSION

S/o./D/o		•	•	./Smt./Kum has	worked				king as
			at						
Name of the Instituti	Rural / Urban / Tribal	Work Wor	ked	Break of service if any	Total Service as on 19-07-2023			Reason s for break in	Charges/ Allegations /Adverse Remarks if
on		From	To		Y	M	D	service (if any)	any
<u>I here</u>	by declare tl	<u>nat</u> :							
1	The Contrac satisfact	services t/outsourci ory.		asis during	the a	above	said	Work period are	ing on
2		does not l	-		marks fr	om his	/her s	uperiors du	ring the
<u>Station</u> <u>Date</u> :	<u>1</u> :								

DIST. MEDICAL & HEALTH OFFICER

Note: The attested copy of appointment order must be enclosed along with this Service Certificate, otherwise the weightage for Contract / Outsourcing will not be considered for final merit list.