

GOVERNMENT OF ANDHRA PRADESH
ANDHRA PRADESH VAIDYA VIDHANA PARISHD
NOTIFICATION FOR RECRUITMENT OF STAFF NURSE,
AND PHARMACIST GR-II ON CONTRACT BASIS

Notification No : /2020

Applications are invited from qualified and eligible candidates for filling up of the vacant posts of Staff Nurse, Pharmacist Gr.II, on contract basis, initially for a period of 1(one) year and likely to be extend in various institutions in Health Medical & Family Welfare Department, Govt. of AP under NHM schemes.

I. The Post wise vacancies, qualification & Age are as follows :

S. No	Name of the Category	Sanctioned	Roster Points	Remuneration (Rs)	Requisite Qualifications Requisite Qualifications Requisite Qualifications	AGE LIMIT
1	Staff Nurse	98	As per Roster follows	34000/-	Inter/ B.SC.Nursing /General Nursing & Midwifery course from Govt./Govt.Reg.Nursing Institute and Registration of Nursing Council Medical council as per the APMC Act	Maximum Age: 42 years for OC and 5 years relaxation for upper age limit for SC/ST/BC and 3 Years for Ex-Service Men AND 10 years for Physically Handicapped persons up to a maximum 45 Years. The Maximum age shall be reckoned as on 01.06.2020
2	Pharmacist Gr.II	05	As per Roster follows	28000/-	D-Pharmacy/B.Pharmacy/ M.Pharmacy or Intermediate vocational course in Pharmacy recognised by Govt. of AP. .Must have registered with the A.P. Pharmacy Council.	

Note: It is informed that the notified vacancies may increase / decrease and the prepared merit list will be operated for the next one year to fill up the future number of vacancies. are subjected to changes. Hence the candidates from all categories can apply irrespective of roster points.

II. RECRUITMENT SCHEDULE:1

1	Notification for recruitment	30.6.2020
2	Last date for of receipt of applications	14.7.2020
3	Publication of provisional merit list	28.7.2020
4	Last date for receipt of Grievances	30.7.2020
5	Redressal of grievances and publication of final merit list	03.8.2020
6	Counseling for Staff Nurses and Pharmacists Gr.II	August 5 th , 6 th , & 7 th .

AGE LIMIT: The Minimum age 18 years and the Maximum age is 42 years. The minimum and maximum age shall reckoned as 01.06.2020

with the following relaxations allowed for reckoning the maximum age limit as per rules :

- 1) 5 years relaxation to BC,SC,& ST Candidates
- 2) 10 years relaxation to Disabled persons up to a maximum for 45 years.
- 3) Ex-serviceman relaxation to 3 years.

III. How to Apply :

- a) Only for Local Candidates shall submit their application form in enclosed format along with enclosures to the DCHS, Vizianagaram on or before last date of submission.
- b) All application covers should be super scribed on right top corner as follows :
Contract basis Recruitment - 2020 - Application for the Post of _____
- c) The following documents are to be submitted in the following order only.

1	Filled in Application Form
2	Attested copy of SSC & Intermediate marks memo (or) equivalent certificate
3	Attested copies of concerned SN/Ph.Gr.II Technical Marks Memos of all years and provisional certificates and A.P. Council Registration certificates.
5	Attested copy of latest caste certificate (in case of SC/ST/BC)
6	Attested copies of study certificates from IV to X where the candidates studied

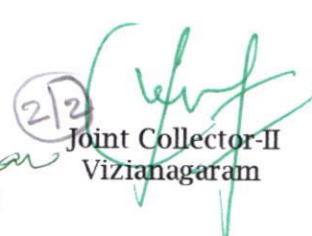
Note:

- i) if attested copies of caste certificate / differential abled certificate / Ex- servicemen are not enclosed; the candidate will be treated under OC
- ii) if the certificate copy of Residence of the study certificate is not enclosed the candidates will be treated as Non-Local.
- iii) If attested copies of the above are not enclosed, the application will be summarily rejected.
- iv) Applications shall be submitted in the format enclosed to these guidelines only.

IV. CONDITIONS ON APPOINTMENT :

The candidate selected and appointed on contract basis shall not be regarded as a member of the service in which the post to which he/she is appointed, is included, and shall not be entitled by reason only of such appointment, to any preferential right to any other appointment in that or any other service. The department or the person may revoke the contractual appointment or discontinue the contract by giving one month's notice in writing on either side. This contract would automatically cease to operate on lapse of contract period and both parties will be discharged of their respective obligations and liabilities without any formal communication.

TENURE : Initially for a period of One Year from the date of joining in the Post.


2/2
Joint Collector-II
Vizianagaram
DCHS 25/6
DM&HO


District Collector & Chairman,
Vizianagaram

PHOTO

GOVERNMENT OF ANDHRA PRADESH

**:: RECRUITMENT OF Staff Nurses/Pharmacist Gr.II
ON CONTRACT BASIS IN APVVP HOSPITALS:: :: VIZIANAGARAM DISTRICT ::
APPLICATION FORM**

REGN. NO. (to be filled by the Office)

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Post for which Application made

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- 1 Name of the Candidate _____
- 2a Name of the father _____
- 2b Name of the Mother _____
- 2c Name of Husband /wife if married _____
- 3 Sex _____

4 Date of Birth & Age _____

5 Social Status (please tick)

OC	BC-A	BC-B	BC-C	BC-D	DC-E	SC	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Whether Physically abled (please tick) YES / NO							
6a If yes, please mention category (please tick) HH / OH / VH							
7 Whether Ex-Serviceman/Woman YES / NO							

8 DETAILS OF SCHOOL EDUCATION

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

Study Certificates from IV to Xth should be enclosed. Otherwise candidate will be treated as **NON - LOCAL**

9 EDUCATIONAL QUALIFICATIONS :

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERISTY

10 **MARKS OBTAINED IN THE QUALIFYING EXAMINATIONS :**

Qualifying Examination	Total Marks	Marks obtained (PG / MBBS / SSC)	% of Marks obtained

11 **ADDRESS PARTICULARS**

Name _____

Father/Husband Name _____

House no _____

Street _____

Village / Town _____

District _____

Pin _____

Cell / Phone _____

E-mail id _____

DECLARATION

I, Smt/Sri/Kum. _____

S/o/D/o/W/o certify that above particulars furnished by me are correct to the best of my knowledge. 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 candidature will be cancelled summarily.

Date :

Name and Signature of the Candidate