

**NOTIFICATION FOR RECRUITMENT OF PMOAs ON OUTSOURCING BASIS UNDER
Y.S.R.KANTIVELUGU PROGRAMME**

Applications are invited from qualified and eligible candidates for filling up of the posts of PMOAs on Outsourcing basis w.e.f. 01.12.2020 to 30.11.2021 for implementation of Dr.Y.S.R.Kantivelugu Programme in Krishna District under the control of District Medical & Health Officer, Krishna, Machilipatnam under National Health Mission Programme.

Tentative No.of Vacancies in Krishna District is 40. The Vacancies may be increased or decreased as per departmental need. The remuneration per month is @Rs.15,000/- only.

I. The Qualification and Eligibility criteria for the post of PMOA is as follows.

- A) Intermediate with MPC/BIPC as basic Academic Qualification with
- i) Paramedical Ophthalmic Assistants course from institute recognized by the Govt.of.A.P (or)
 - ii) B.Sc (Optometry) course from institute recognized by the Govt.of.A.P(or)
 - iii) Diploma in Optometric Technician from institute recognized by the Govt.of.A.P(or)
 - iv) Diploma in Optometry from institute recognized by the Govt.of.A.P
- B) The candidate must be registered in AP Paramedical Board.
- C) Age shall be between 15-42 years as on 01.12.2020

II. RECRUITMENT PROCESS

The selection shall be made on based on merit for the selection of paramedical staff, out of a total of 100 marks, 45 marks shall be allotted against the marks obtained in the academic qualification, 45 marks shall be allotted against the marks obtained in the technical qualification and 10 marks for weight age from the date of passing technical examination at 1 mark per year.

III. RULES OF RESERVATION

Rule of Reservation and minimum and maximum age limit will be followed as per the A.P State and Subordinate Service Rules, 1996, read with the relevant Specific Rules applicable as per Presidential order.

IV. HOW TO APPLY

- a. Applications forms along with the instructions can be downloaded from official website <http://Krishna.nic.in>.
- b. Filled in application forms shall be submitted to the District Medical & Health Office, Krishna, Machilipatnam to reach on or before 08.01.2021 by 4.00 P.M. on all working days only Applications which are received after due date will be summarily rejected. District selection Committee is not responsible for postal delays.
- c. Copies of the following certificates shall be enclosed along with the application form.

1.	S.S.C or Equivalent examination
2.	Intermediate or 10+2 examination (MPC/BIPC only)
3.	Qualification Examination Pass Certificate
4.	Marks memos of all the years(Qualifying examination)
5.	Registration certificates of respective councils in force
6.	Latest Caste certificate issued by the Tashildhar/MRO concerned
7.	Study certificates for the years from 4th class to 10th class and in case of private study residence certificate for the above period from the Tashildhar/MRO concerned
8.	PH Certificate in respect of candidates Claiming reservation under PH Quota
9.	Relevant Certificates in respect of candidates claiming Ex Service man quota
10.	1 Photograph duly pasted on the application form

NOTE:

1. Application which are not having up to date renewals of respective Council/ Board will be summarily rejected.
2. If Copies of Cast certificate/Physically handicapped certificate/Ex-Servicemen certificate not enclosed the candidate will be treated under O.C
3. If Certificate copy of residence or study certificate is not enclosed, the candidate will be treated as non local.
4. If Copies of above are not enclosed, the application will be summarily rejected.
5. Application shall be submitted in the format enclosed to these guidelines only.

Recruitment Schedule

1. Date of Issue of Notification	29.12.2020
2. Last date of submission of application	08.01.2021
3. Scrutiny of Applications & Provisional Merit List	16.01.2021
4. Grievances	22.01.2021
4. Finalization of List	27.01.2021
5. Approval of District Selection Committee	29.01.2021
6. Issue of Orders	31.01.2021

V. DEBARMENT

1. Candidates should make sure of their eligibility to the post applied for and that the declaration made by them in the format of application regarding their eligibility in all respects. Any candidate furnishing incorrect information or making false declaration regarding his/her eligibility at any stage or suppressing any information is liable to be debarred from recruitment conducted by the department and summarily rejection of their candidature for this recruitment and future recruitments.
2. The department is vested with conducting recruitment and selection as per rules duly maintaining utmost secrecy and confidentiality in this process and any attempt by any one causing or likely to cause breach of this duty in such manner or by such action as to violate or likely to violate the fair practices followed and ensured by the Department will be sufficient cause for rendering such questionable means as ground for debarment.

VI. DEPARTMENT'S DECISION IS FINAL

The decision of the department/Dist. Selection Committee pertaining to the application and its acceptance or rejection as the case may be, and conduct of counseling and at all consequent stages culminating in the selection or otherwise of any candidate shall be final in all respects and binding on all concerned under the powers vested with it. The department/DSC also reserves its right and modify regarding terms and conditions laid down in the notification for conducting the various stages up to selection duly intimating details thereof to all concerned as warranted by any unforeseen circumstances arising during the course of this process. The Department/Dist. Selection Committee is empowered to increase or decrease the total vacancies notified subject to availability of vacancies as on the date of selection.

LAST DATE FOR RECEIPT OF APPLICATION - 08.01.2021 UPTO 4.00 P.M

District Medical & Health Officer,
Krishna, Machilipatnam.

GOVERNMENT OF ANDHRA PRADESH

**RECRUITMENT OF PMOAs ON OUTSOURCING BASIS UNDER Y.S.R.KANTIVELUGU
PROGRAMME
APPLICATION FORM**

POST FOR WHICH APPLICATION MADE : _____

1.	Name of the candidate								
2.a	Father's Name								
2.b	Mother's Name								
2.c	Name of husband/wife(if married)								
3.	Sex								
4.	Date of Birth								
5	SOCAIL STATUS(PLEASE TICK)	OC	BC A	BC B	BC c	BC D	BC E	SC	ST
6.	Whether Physically handicapped (Please tick)	YES / NO							
6(a)	If yes please mention category (Please tick)	HH /		OH /		VH			
7.	Whether Ex Service man /Woman	YES / NO							

DETAILS OF SCHOOL EDUCATION:

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

- STUDY CERTIFICATES FROM IVTH TO XTH SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON LOCAL.

EDUCATIONAL QUALIFICATION:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE/UNIVERSITY

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained

ADDRESS PARTICULARS:

Name :

Father Name/:

Husband Name :

House No :

Street :

Village/Town :

District :

Pin :

Cell No /Ph.No :

DECLARATION

I, Smt/Kum/Sri D/o/S/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 candidate will be cancelled summarily.

NAME AND SIGNATURE OF THE
CANDIDATE