

**GOVERNMENT OF TELANGANA
DISTRICT HEALTH SOCIETY, HYDERABAD DISTRICT**

OFFICE OF THE DISTRICT MEDICAL & HEALTH OFFICER, HYDERABAD DISTRICT
NOTIFICATION No.22/COVID-19/DHS/DMHO/2021; Dt:29.04.2021

APPLICATION FOR THE POST OF **ASSISTANT PROFESSOR/CAS**
(_____) UNDER COVID-19 ON CONTRACT BASIS FOR A PERIOD
OF (03) MONTHS

APPLICATION FORM

REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)

--

1.	Name of the candidate		Paste Photograph here and sign across it												
2.a	Name of the Father														
2.b	Name of husband/wife (if married)														
3.	Sex														
4.	Date of Birth														
5.	Social Status (Please tick)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px 10px;">OC</td><td style="padding: 2px 10px;">BC A</td><td style="padding: 2px 10px;">BC B</td><td style="padding: 2px 10px;">BC C</td><td style="padding: 2px 10px;">BC D</td><td style="padding: 2px 10px;">BC E</td><td style="padding: 2px 10px;">SC</td><td style="padding: 2px 10px;">ST</td></tr></table>						OC	BC A	BC B	BC C	BC D	BC E	SC	ST
OC	BC A	BC B	BC C	BC D	BC E	SC	ST								
6.	Whether Physically handicapped (Please tick)	YES / NO (If yes, enclose certificate)													
6(a)	If yes please mention category (Please tick)	HH/OH/VH													
7.	Whether Ex-Service man / woman	YES / NO (If yes, enclose certificate)													

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
I		
II		
III		
IV		
V		
VI		
VII		

DISTRICT TO WHICH CANDIDATE BELONGS, AS PER PRESIDENTIAL ORDER

--

EDUCATIONAL QUALIFICATIONS

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/UNIVERSITY
MBBS		
MD/Diploma		

P.T.O

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained
MBBS 1 st year			
MBBS 2 nd year			
Final MBBS Part-I			
Final MBBS Part-II			
MD/Diploma			
Total Marks			

MEDICAL COUNCIL REGISTRATION

COURSE	Council Regn. No.	Date	Name of the Council	Valid upto
MBBS				
PG Degree				
PG Diploma				

PERSONAL DETAILS

*Name :
*Father Name :
*Husband Name :
*House No. :
*Street :
*Village/Town :
*District :
*Pin code :
*Mobile No. : 1) 2)
*E-mail ID :

DECLARATION

I, Dr/Sri/Smt/Kum.D/S/W/o.....
certify that the 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.

**NAME AND SIGNATURE OF
THE CANDIDATE**

**GOVERNMENT OF TELANGANA
DISTRICT HEALTH SOCIETY, HYDERABAD DISTRICT**

OFFICE OF THE DISTRICT MEDICAL & HEALTH OFFICER, HYDERABAD DISTRICT
NOTIFICATION No.22/COVID-19/DHS/DMHO/2021; Dt:29.04.2021

APPLICATION FOR THE POST OF **LAB-TECHNICIAN** UNDER COVID-19 ON
OUTSOURCING BASIS FOR A PERIOD OF (03) MONTHS

APPLICATION FORM

REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)

--

1.	Name of the candidate		Paste Photograph here and sign across it								
2.a	Name of the Father										
2.b	Name of husband/wife (if married)										
3.	Sex										
4.	Date of Birth										
5.	Social Status (Please tick)	<table border="1" style="width: 100%; text-align: center;"><tr><td>OC</td><td>BC A</td><td>BC B</td><td>BC C</td><td>BC D</td><td>BC E</td><td>SC</td><td>ST</td></tr></table>	OC	BC A	BC B	BC C	BC D	BC E	SC	ST	
OC	BC A	BC B	BC C	BC D	BC E	SC	ST				
6.	Whether Physically handicapped (Please tick)	YES / NO (If yes, enclose certificate)									
6(a)	If yes please mention category (Please tick)	HH/OH/VH									
7.	Whether Ex-Service man / woman	YES / NO (If yes, enclose certificate)									

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
I		
II		
III		
IV		
V		
VI		
VII		

DISTRICT TO WHICH CANDIDATE BELONGS, AS PER PRESIDENTIAL ORDER

--

EDUCATIONAL QUALIFICATIONS

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/UNIVERSITY	Apprenticeship Completion Certificate
DMLT			--
B.Sc. MLT			--
Inter Vocational			

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained
1 st year			
2 nd year			
3 rd year			
Total Marks			

PARA MEDICAL BOARD REGISTRATION DETAILS

TSPB Regn. No.	Date	Name of the Council	Valid upto

PERSONAL DETAILS

- *Name :
- *Father Name :
- *Husband Name :
- *House No. :
- *Street :
- *Village/Town :
- *District :
- *Pin code :
- *Mobile No. : 1) 2)
- *E-mail ID :

DECLARATION

I, Dr/Sri/Smt/Kum.D/S/W/o.....
certify that the 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.

**NAME AND SIGNATURE OF
THE CANDIDATE**

INSTRUCTIONS:

1. Download the application form from website and attend for Walk-in-Interview on **30.04.2021 to 05.05.2021 from 10.00 AM to 1.00 PM** at Harihara Kala Bhavan, Patny, Secunderabad filled in application form along with (01) set of xerox copies and all the following original certificates, for verification.
 - a) SSC or Equivalent examination,
 - b) Intermediate (or) 10+2 examination,
 - c) Latest Caste Certificate issued by the Tahsildar/MRO concerned, by the Telangana Government.
 - d) PH certificate in respect of candidates claiming reservation under Quota,
 - e) Relevant certificates in respect of candidate claiming Ex-Serviceman Quota,
 - f) Bonafide certificates for the study from 1st to 7th class and in case of private study, Residence certificate from the Tahsildar/MRO concerned,
 - g) Marks memos of Qualifying examination (Consolidated/YWS),
 - h) Provisional Certificate of Qualifying examination,
 - i) Registration Certificate from the concerned Council/AP/TS Para Medical board,
 - j) One photograph duly pasted and signed across on the application form.
2. The particulars furnished by the applicant in the Application Form will be taken as final, and data entry is processed, based on these particulars only. Candidates should, therefore, be very careful in Submitting the Application Form with details.
3. Incomplete/incorrect application form will be summarily rejected. The information, if any furnished by the candidate subsequently in any other format of application will not be entertained and will be rejected.
4. Before Submission of Application Form, the Candidates should carefully ensure his/her eligibility for this recruitment. Relevant certificates should be submitted issued by competent authority to claim their candidature. No relevant column of the application form should be left blank; otherwise application form will not be accepted.

ACADEMIC QUALIFICATIONS:

Sl. No	Name of the Post	Qualifications
1.	Assistant Professor	A Post Graduate Degree in MD/DNB in concerned specialty, and as per the MCI regulations (Minimum qualification for Teachers in Medical Institutions Regulations 1988 including the prevailing amendments and the candidate should have valid registration with Telangana Medical Council, Working experience if any will be given preference.
2.	Civil Assistant Surgeon (Specialist)	Candidates must have Degree or Diploma in concerned specialty. For selection to the post of CAS, 90 marks shall be allotted out of 100 marks in qualifying exam and 10 marks allotted against weighting period @ one mark per year, after completion of qualifying course (according to G.O. Rt. 217, Dt: 30.08.2018)
3.	Lab- Technician	a. DMLT (OR) B.Sc (MLT) from recognized institutions OR b. Two years Intermediate Vocational MLT Course and have completed one year clinical training in selected Government hospital in which these students have been permitted to undergo clinical training / completed one year apprenticeship training in identified hospitals and awarded "Apprenticeship Completion Certificate" by the Board of apprenticeship training, GoI, Southern Region, Chennai c. Must be registered with the Telangana Paramedical Board

NO. OF POSTS AND SALARY :

Sl. No	Name of the Post	No. of Vacancies	Consolidated remuneration per month	In accordance with the G.O.	Mode of Appointment and Period
1	Assistant Professor (Anaesthesia)	14	Rs. 1,25,000/-	G.O.Rt.No:900 Fin(HRM.I) Dept., Dt:25.04.2021	Purely Temporary on Contract Basis for a period of (03) months
2	Assistant Professor (General Medicine)	11	Rs. 1,25,000/-		
3	Assistant Professor (Pulmonary Medicine)	07	Rs. 1,25,000/-		
4	Civil Assistant Surgeon (Anaesthesia)	01	With MD Degree, Rs. 1,00,000/- With Diploma Rs. 80,000/- (On par with NHM norms)	G.O.Rt.No:899 Fin(HRM.VII) Dept., Dt:25.04.2021	Purely Temporary on Contract Basis for a period of (03) months
5	Civil Assistant Surgeon (General Medicine)	02			
6	Civil Assistant Surgeon (Pulmonary Medicine)	01			
7	Lab-Technician	9	Rs. 17,500/-	G.O.Rt.No:899 Fin (HRM.VII) Dept., Dt:25.04.2021 and G.O.Rt.No:900 Fin (HRM.I) Dept., Dt:25.04.2021	Purely Temporary on Outsourcing Basis for a period of (03) months

AGE:

The minimum age is **18 years** and maximum age is **34 years** with the following relaxations allowed for reckoning the maximum age limit as per rules:-

- i) For SCs, STs & BCs 5 (Five) years
- ii) For ex-servicemen 3 (three) years in addition to the length of service in armed forces.
- iii) Disabled persons 10 (ten) years

For the post of Assistant Professor the maximum age is **65 years** as per the MCI norms.

RULE OF RESERVATION

The rule of reservation of local candidates is applicable as per the presidential order (As per G.O. Ms. No. 124, GAD, Dt: 30.08.2018).

Unit of appointment (as per the presidential order)

Sl. No.	Category of Post	Unit of appointment
1	Assistant Professor	State
2	CAS (Specialist)	Multi Zone-II
3	Lab- Technician	Hyderabad District

Sd/- Dr.J.Venkati , MBBS., DGO.
District Medical & Health Officer,
Hyderabad District