

Recruitment Post Details(Revised)

Sl. No	Category/ Job Title	Essential Qualification/ Requirements	Preferential Qualification	No. of Posts	Roster Point	Remu- ne- ration
1	Senior Treatment Supervisor (STS)	1.Bachelor's Degree OR Recognized sanitary inspector's course. 2.Certificate course in computer operation (minimum 2 months). 3. Permanent two wheeler driving license & should be able to drive two wheeler.	1.Tuberculosis health visitor's recognized course . 2.Govt. recognized degree/ diploma in Social work or Medical Social work. 3.Successful completion of basic training course (Govt. recognized) for Multi-purpose health workers.	01	BC-A Women	33975
2	Tuberculosis Health Visitor (TBHV)	1.Graduate OR 2. Intermediate (10+2) experience of working as MPW/LHV/ ANM/Health worker /Certificate or higher course in Health Education Counseling OR 3.Tuberculosis health visitor's recognized course. 4. Certificate course in computer operations (minimum two months)	1. Training course for MPW or Recognized sanitary inspector's course.	05	1. OC-(W) 2. BC-C 3. SC 4. OC(W) 5. BC-D (W)	21900
3	Laboratory Technician	1. Intermediate (10+2) and Diploma or certificate course in Medical Laboratory Technology or its equivalent.	1. One year experience in RNTCP or Sputum smear microscopy. 2. Candidates with Higher qualification (for example Graduates) shall be prepared.	01	OC	19019

APPLICATION FORM

APPLICATION FOR THE POST OFON CONTRACT BASIS(RNTCP)

Regn. No.

Application No.

(To be given by "O/o.DTBCO" of E.G. District)

1) Name of the applicant (in BLOCK letters)	
2) Father's Name/Husband's Name	
3) Sex :	4) Date of birth :
5) Religion :	6) Social Status (latest Certificate) : (SC/ST/BC with group/OC)
7) Relaxation of age if any :	
8) Whether belongs to physically handicapped (latest Certificate issued by the Medical board only to be enclosed)	
9) If belongs to Ex-Service men, length of service in armed force (Certificate to that effect to be enclosed)	
10) Permanent Two wheeler Driving License (If applicable) Yes/No :	Date of Expiry:
11) Local/ Non Local Local Status (to produce 4 th to 10 th Class study Certificates :	

Marks Obtained in Qualifying Examination.

Month & year of passing	Total Max. marks/ Grade/Points	Marks /Grade/Points obtained	Percentage of Marks Grade/Points /

AP Medical Council Registration Number (if necessary of the post)	
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Address of Communication along with Pin code :

Name :
House Number :
Village / Town :
District :
Phone/Mobile No. :
e-mail address :

DECLARATION

I do hereby 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 any notice.

Signature of the Candidate

Filling application with attested Xerox Copies of above recruitment sent to the following address by Register post or by Directly submitted to this office on working days (working hours 10 AM to 5.PM)

Office address: District TB Control Office, Room No.63, Government General Hospital Campus,
Kakinada, E.G.Dt. 533001

LAST DATE OF RECEIVED APPLICATION :04.01.2020

CHECK LIST

1	Filled-in application form duly signed by applicant	Yes/No
2.	Attested copy of marks memo of SSC or equivalent certificate	Yes/No
3.	Attested copies of Qualifying Exam certificate.	Yes/No
4.	Attested copy of marks memo of All years of the Qualifying Exam	Yes/No
5.	Attested copies of Additional qualification certificate	Yes/No
6.	Attested copies of experience Certificate	Yes/No
7.	Attested copy of latest caste certificate (in case of SC/ST/BC)	Yes/No
8.	Attested copies of study certificates from Class – IV to X where the candidate studied.	Yes/No
9.	Attested copy of latest Physically handicapped certificate (if applicable)	Yes/No
10.	Attested copy of certificates supporting Ex Service Man Quota (If Applicable)	Yes/No
11.	Attested copy of any other document/ certificate produced by the individual	Yes/No