

### RANGARAYA MEDICAL COLLEGE, KAKINADA - RECRUITMENT NOTIFICATION - 03

Applications are invited from the Locomotor Disability candidates (OH) for recruitment to the post of Lab Technicians Gr.II (01), on contract basis under the control of DME, AP, Vijayawada to work in the Rangaraya Medical College, Kakinada initially for a period of one year. Application forms can be downloaded from [www.rmckakinada.com](http://www.rmckakinada.com). and [eastgodavari.nic.in](http://eastgodavari.nic.in) Last date of submission of applications on 22.04.2021 up to 05.00 PM (during office working days). For more details please visit [www.rmckakinada.com](http://www.rmckakinada.com). and [eastgodavari.nic.in](http://eastgodavari.nic.in).



Principal / Addl., Director  
Rangaraya Medical College  
Kakinada.

RANGARAYA MEDICAL COLLEGE, KAKINADA  
EMPLOYMENT NOTIFICATION

Applications are invited from the eligible candidates for the following posts on contract / outsourcing basis under the control of DME, AP, Vijayawada to work in the Rangaraya Medical College, Kakinada initially for a period of one year.

Sl. No. & Post Code	Name of the Post	Qualifications required for the post	No.of Vacancies	Roster Point	Contract / Outsourcing Remuneration Per month	Age Limit
01	LAB-TECHNECIAN Gr-II	Academic qualification : Intermediate, Technical qualification : Passed Diploma in DMLT Course / Intermediate MLT vocational course with one year apprentice / B.Sc. MLT, from the recognized institutions. They are also must registered in A.P.P. Medical Council ( APPMC Registration is compulsory). One year Diploma Certificate courses are not eligible.	01	06 OC(W)(VH) Changed to Locomotor Disability (OH)	Rs.28000/-	As per Governme nt norms



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GOVERNMENT OF ANDHRA PRADESH  
(Health, Medical & Family Welfare Department)

RANGARAYA MEDICAL COLLEGE, KAKINADA, EAST GODAVARI DISTRICT  
APPLICATION FORM AS PER NOTIFICATION DATED: 19.04.2020.

Registration No: \_\_\_\_\_  
(To be filled by Office)

Post for which Application made: \_\_\_\_\_

Paste latest  
Passport size  
photograph and  
sign across it

8.	Name of the candidate					
9. a	Name of the Father / Mother					
b	Name of husband / Wife (if married)					
10.	Gender (M/F/TG)					
11.	Date of Birth					
12.	Social Status (Please Tick) – Latest Caste Certificate issued by the concerned Revenue Authority	OC				
13. a	Whether Physically Handicapped (Please tick)	YES / NO				
b	If yes please mention the category (Please tick). Mandatory to submit SADAREM Certificate.	OH				
14.	<u>DETAILS OF SCHOOL EDUCATION:</u>					
CLASS	YEAR OF PASSING	Name of the School and Place of Study			District	
IV						
V						
VI						
VII						
VIII						
IX						
X						

- If Study Certificates are not enclosed from Class 4<sup>th</sup> to 10<sup>th</sup> to the application, the candidate's application will be declared as **NON LOCAL**.

EDUCATIONAL QUALIFICATIONS(Academic& Technical) AND MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Year of Passing	Total Marks	Marks Obtained	% of Marks obtained	A.P.Para Medical Council Registration No. and Year	A.P.Para Medical Council Registration valid up to

EXPERIENCE CERTIFICATE IN CASE OF CONTRACT/OUTSOURCING EMPLOYEES.

S.No.	Name of the Institution	Experience		No. of Years Completed	Appointment order copy enclosed or not.	Whether the appointment is under D.S.C. or if any.
		From	To			

DECLARATION

I..... hereby solemnly and sincerely affirm that the information furnished by me in the application form and also in all the enclosures thereby submitted by me are true and correct to the best of my knowledge and belief. Later,if the information furnished by me is found fraudulent, incorrect or untrue, I am liable for criminal prosecution. Further, I also agree to forgo my candidature in the above recruitment. I shall abide by the decision of the selection committee which shall be final and binding on me. Further, I am also willing to accept the rejection of my application, if the application is found incomplete or insufficient information is provided by me.

Place:

Date:

Signature of the Candidate

ADDRESS PARTICULARS:

House No :  
Street :  
Town :  
Village :  
Mandal :  
District :  
PIN code :  
Mobile No. / Phone No. :  
Email. I.D :

Filled in applications along with relevant and necessary enclosures to be dropped in the assigned drop box near the recruitment cell.

CHECK LIST

Name of the Applicant :

Post Applied for:

1	Filled-in application form duly signed by the applicant	Yes/No
2.	Attested copy of SSC or its equivalent	Yes/No
3.	Attested copies of Intermediate	Yes/No
4.	Attested copies of relevant technical qualification marks obtained for the post of Lab Technician.	Yes/No
5.	Attested copy of Para Medical Registration Certificate	Yes/No
6.	Attested copy of Latest Caste Certificate issued by the Tahsildar/MRO concerned (Non production of this certificate leads to consider OC)	Yes/No
7.	Attested copy of experience certificate enclosed in respect of contract/outsourcing employees.	Yes/No
8.	Attested copies of study certificates from Class – IV to X where the candidate studied and in case of private study residential certificate from the Tahsildar/MRO concerned.	Yes/No
9.	Attested copy of latest Physically handicapped certificate from Medical board/ SADAREM Certificate issued by the government.	Yes/No

Date:

Signature of the Candidate.