

NOTIFICATION
GOVERNMENT OF ANDHRA PRADESH
HEALTH & FAMILY WELFARE DEPARTMENT

NOTIFICATION FOR COVID 19 SPECIAL RECRUITMENT DRIVE FOR THE STAFF
 NURSES POSTS UNDER CONTROL OF DM&HO/DCHS, VIZIANAGARAM ON
 CONTRACT BASIS.

Notification No.COVID-19/2020.

Applications are invited from the qualified B.sc(N) / GNM Course with 2years experience in Critical Care Unit candidates for filling up of Staff Nurse on Contract basis in Vizianagaram District under COVID-19 Special Recruitment Drive ., **as noted here under**, initially for a period of one year to discharge their duties in **COVID HOSPITAL**. Applications shall furnish to the DCHS / DMHO, Vizianagaram in the prescribed format. The details can be obtained at Vizianagaram District website address www.vizianagaram.nic.in

| Si. No | Category | | No. of posts sanctioned for COVID Hospital | Roster Point | Remuneration per month | Qualification |
|--------|----------|-------------|--|---|------------------------|---|
| 1 | DM&HO | Staff Nurse | 02 | 48-OC - 1 49-BC-B (W) - 1 | 34000/- | B.Sc.Nursing/General Nursing & Midwifery course from Govt./Govt.reg. Nursing Institute and Regn. of Nursing council |
| 2 | APVVP | Staff Nurse | 12 | OC(W)-2 OC(G)-3 BC-D(G)-1 BC-B(W)-1 BC-B(G)-1 SC-(W)-1 SC-(G)-2 BC-E-1 | 34000/- | (With good working experience of minimum 2(two)years in Critical Care Unit |

Schedule of the Recruitment:

| | |
|--------------------|--|
| 23 /04/2020 | Last date for receipt of application |
| 25/04/2020 (2days) | Scrutiny of applications |
| 25 /04/2020 | Display of provisional merit list |
| 26 /04/2020 | Grievance Redressal |
| 26/04/2020 | Final List preparation and display |
| 27/04/2020 | Counseling and completion of selection process |

Sd/-S.V.Ramanakumari
 District Medical &Health Officer
 Vizianagaram

GOVERNMENT OF ANDHRA PRADESH

NOTIFICATION FOR COVID-19 SPECIAL RECRUITMENT DRIVE FOR THE
STAFF NURSE POSTS UNDER CONTROL OF DM&HO/DCHS,
VIZIANAGARAM ON CONTRACT BASIS.

APPLICATION FORM

REGISTRATIN NO:
(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE

| | | | | | | | | | | |
|------|---|---|--|---------|---------|---------|---------|---------|----|----|
| 1 | Name of the Candidate | | Paste photograph here and sign across it | | | | | | | |
| 2a | Name of the father | | | | | | | | | |
| 2b | Name of the Mother | | | | | | | | | |
| 2c | Name of Husband / wife (if married) | | | | | | | | | |
| 3 | Sex | | | | | | | | | |
| 4 | Date of Birth and age | | | | | | | | | |
| 5 | Social status (Please tick) | <table border="1"><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 | | | | | | | | |
| 6(a) | If yes please mention category (please tick) | HH / OH / VH | | | | | | | | |
| 7 | Whether Ex-Service man / Women | 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 QUALIFICATIONS:

| QUALIFICATION | YEAR OF PASSING | NAME OF THE COLLEGE / UNIVERSITY |
|---------------|-----------------|----------------------------------|
| | | |

MARKS OBTAINED IN THE QUALIFYING EXAMINATION:

| Qualifying Examination | Total Marks | Marks Obtained (MBBS/PG) | % of Marks obtained |
|------------------------|-------------|--------------------------|---------------------|
| | | | |
| | | | |
| | | | |

EXPERIENCE IN CRITICAL CARE UNIT

| Sl. No | Name of the Hospital | Experience | | No of Years completed |
|--------|----------------------|------------|----|-----------------------|
| | | From | To | |
| | | | | |
| | | | | |
| | | | | |

ADDRESS PARTICULARS:

Name :
Father Name :
Husband Name :
House No. :
Street :
Village / Town :
District :
Pin :
Cell No. / Phone No. :

DECLARATION

I, Smt / Sri / Kum D/o / S/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

Name and Signature of the
candidate