

## NOTIFICATION

GOVERNMENT OF ANDHRA PRADESH  
HEALTH & FAMILY WELFARE DEPARTMENT

NOTIFICATION FOR RECRUITMENT OF PMOAs., UNDER DR.YSR KANTI VELUGU ON  
OUTSOURCING BASIS

**Notification No.009/DRYSRKV/2019.**

Applications are invited from the qualified and eligible candidates for filling up of the following posts on Outsourcing basis in Vizianagaram District **as noted here under**, initially for a period of one year to discharge their duties w.e.f. 1.12.2020 to 30.11.2021. Applications filled in sent to the DM&HO., Vizianagaram on or before 02.01.2021 at 5 PM. The details can be obtained at Vizianagaram District website address [www.vizianagaram.nic.in](http://www.vizianagaram.nic.in)

S. No.	Category	No.of posts sanctioned	Remunerati on per month	Qualification	Remarks
1.	Para Medical Ophthalmic Assistant(PM OA)	16	15000/-	Intermediate with MPC/BIPC as basic academic qualifications with  i)Paramedical ophthalmic Assistants course from institute recognized by the Govt.of AP (or)  ii)B.Sc., (Optometry) course from course from institute recognized by the Govt.of AP., or  iii)Diploma in Optometric technician from Institute recognized by the Govt.of AP., (or)  iv)Diploma in Optometry from Institute from institute recognized by the Govt. of AP.,  B)The candidate must be registered in AP Paramedical Board  C)Age shall be between 18-42 years as on 1.12.2020	Posts are to be filled on outsourcing basis for a period of one year w.e.f. 1.12.2020 to 30.11.2021

**Schedule of the Recruitment:**

2 <sup>nd</sup> January,2021	Last date for receipt of application
8 <sup>th</sup> January,2021	Scrutiny of applications
9 <sup>th</sup> January,2021	Display of provisional merit list
11 <sup>th</sup> January,2021	Grievance Redressal
12 <sup>th</sup> January,2021	Final List preparation and display
16 <sup>th</sup> January,2021	Approval of Dist.Selection Committee
18 <sup>th</sup> January,2021	Issuing of orders

Dist.Programme Manager  
DBCS.,Vizianagaram.

District Medical & Health Officer,  
Vizianagaram.



**GOVERNMENT OF ANDHRA PRADESH  
RECRUITMENT OF \_P.M.O.A., ON OUTSOURCING BASIS VIZIANAGARAM  
DISTRICT**

**APPLICATION FORM**

REGISTRATIN NO:  
(TO BE FILLED BY THE OFFICE)

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POST FOR WHICH APPLICATION MADE

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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)(enclosed copy)	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">OC</td> <td style="width: 20px;">BC</td> <td style="width: 20px;">BC</td> <td style="width: 20px;">BC</td> <td style="width: 20px;">BC</td> <td style="width: 20px;">BC</td> <td style="width: 20px;">SC</td> <td style="width: 20px;">ST</td> </tr> <tr> <td></td> <td>A</td> <td>B</td> <td>C</td> <td>D</td> <td>E</td> <td></td> <td></td> </tr> </table>					OC	BC	BC	BC	BC	BC	SC	ST		A	B	C	D	E		
OC	BC	BC	BC	BC	BC	SC	ST															
	A	B	C	D	E																	
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 IV<sup>th</sup> TO X<sup>th</sup> SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON-LOCAL

**EDUCATIONAL QUALIFICATIONS(ACADEMIC)**

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERSITY
TOTAL MARKS	MARKS OBTAINED	% OF MARKS

**EDUCATIONAL QUALIFICATIONS (TECHNICAL)**

Qualifying Examination	Total Marks	Marks Obtained)	% of Marks obtained
Name of the Institution	Year of passing	Paramedical Board Registration No.	

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**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  
 summaril

Name and Signature of the  
 candidate

