

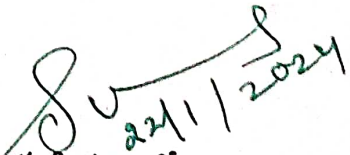
పత్రికా ప్రకటన

ఐడిఎస్ పి నందు జిల్లా ఎపిడెమియాలజిస్ట్ ఉద్యోగము భర్తీ కొరకు దరఖాస్తులు కోరుట

ఐడిఎస్ పి నందు ఖాళీగా ఉన్న ఎపిడెమియాలజిస్ట్ ఉద్యోగము భర్తీ కొరకు ఒక సంవత్సరం పాటు ఒప్పంద ప్రాతిపదికన జిల్లా వైద్య ఆరోగ్య శాఖాధికారి పూర్వపు పశ్చిమగోదావరి జిల్లా ఏలూరు వారి అధీనంలో పనిచేయుటకు అర్హత గల అభ్యర్థుల నుండి దరఖాస్తులు కోరబడుచున్నవి.

కావున అర్హులైన అభ్యర్థులు తమ ధరఖాస్తులకు అన్నీ సర్టిఫికేట్ లను జతపరచి జిల్లా వైద్య మరియు ఆరోగ్య శాఖాధికారి వారి కార్యాలయము, ఏలూరు నందు ది. 22.01.2024 నుండి 25.01.2024 వరకు కార్యాలయము పని దినములలో అనగా ఉదయం గం. 10.30 నుండి సాయంత్రం 5.00 గం.ల లోపు సమర్పించవలెను. తగిన అర్హత దృవపత్రములు జతచేయని యెడల మరియు ధరఖాస్తుల యందు ఖాళీలను పూరించని యెడల వారి ధరఖాస్తులను తిరస్కరించబడును మరియు ఎటువంటి ఉత్తర ప్రత్యుత్తరములు జరుపబడవు. ఖాళీల సంఖ్య పెంచుటకు, తగ్గించుటకు, అమలుచేయుటకు మరియు నిలుపుదల చేయడానికి జిల్లా నియామకపు కమిటీ, ఏలూరు జిల్లా వారికి పూర్తి అధికారము కలదని తెలియచేయదమైనది.

పూర్తి వివరముల కొరకు, ఉద్యోగ నియామకాల వివరములు మరియు దరఖాస్తు కొరకు online లో <https://westgodavari.ap.gov.in> and <https://eluru.ap.gov.in> వెబ్ సైట్ ను పరిశీలించగలరు.


జిల్లా వైద్య మరియు ఆరోగ్య శాఖాధికారిణి,
ఏలూరు జిల్లా, ఏలూరు

22/1/24
22/1/24

GOVERNMENT OF ANDHRA PRADESH
HEALTH MEDICAL AND FAMILY WELFARE

OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER, ERSTWHILE
WEST GODAVARI, ELURU

NOTIFICATION NO.01/2024

RECRUITMENT OF EPIDEMIOLOGIST POST ON CONTRACT BASIS FOR A PERIOD
OF ONEYEAR IN IDSP PROGRAMME

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Applications are invited from the eligible candidates for recruitment of the for the posts **Under IDSP:** Epidemiologist (2) on contract basis for a period of one (1) year. Applications should be submitted to the District Medical and Health Officer, Eluru District, Eluru. The last date for receipt of applications are **25.01.2024**. The details can be obtained at **<https://westgodavari.ap.gov.in>** and **<https://eluru.ap.gov.in>**

District Medical and Health Officer
Eluru District, Eluru

District Collector
Eluru District, Eluru

S.N	Name of the Post	Vacant Posts
IDSP		
1	Epidimologist	02

COMMITTEE FOR POSTS:-

- a. District Collector - Chairman
- b. District Medical & Health Officer - Member-Convener
- c. District Coordinator of Hospital Services - Member
- d. Superintendent of Teaching Hospital -
Member(In
Districts where teaching hospitals are located)

SELECTIONS WILL BE DONE BASED ON THE FOLLOWING CRITERIA:

The selection shall be made based on merit.

Merit list will be prepared based on the marks obtained with above criteria and displayed on website for transparency.

Selection list will be prepared from the finalized merit list duly following the rule of reservations and presidential order.

The department / District selection committee decision is final, its right and modify regarding terms/ conditions laid down in the notification for conducting the various stages up to selection.

The department / District selection committee decision is final, its right for cancellation of the recruitment in the various stages up to selection.

IDSP:-

Sl.N o	Post	Educational Qualifications	Age Limit
1	Epidemiologists	<p>Medical Graduate with Post Graduate Degree/Diploma in Preventive and Social Medicine / Public Health or Epidemiology (such as MD, MPH, DPH, MAE etc.)</p> <p>Or</p> <p>Any Medical Graduate with 2 years' experience in Public Health</p> <p>Or</p> <p>M.Sc. in Life Sciences with 2 years MPH (Masters in Public Health).</p> <p>Or</p> <p>M.Sc. (Epidemiology) with 2 years' experience in Public Health.</p>	<p>Upper age limit is 42 years. Age will be reckoned as on 01.07.2022 as per G.O.Ms.No.105 GA (Ser-A) dept., dated.27.09.2021 with relaxations as applicable. Relaxations will be as follows:</p> <p>1. For SC, ST, BC and EWS candidates: 05 (Five) years.</p> <p>2. For Ex-service Men: 03 (Three) years in addition to the length of service in armed forces.</p> <p>3. For differently abled persons: 10 (Ten) years. Maximum age limit is 52 years with all relaxations put together</p>

HOW TO APPLY

- a. Candidates shall download the application form from the website and submit their filled in application forms along with the enclosures to the District Medical & Health Officer, Eluru District, Eluru on or before last date of submission.
- b. The following documents are to be submitted in the following order only.

1.	Filled in application form
2.	Attested copy of marks memo of SSC (or) equivalent certificate
3.	Attested copies of Provisional Certificates, Internship Certificate and Permanent Registration of APMC.
4.	Attested copy of marks memos under Graduate / Post Graduate
5.	Attested copy of latest caste certificate (if case of SC/ST/BC)
6.	Attested copies of study certificates from Class-IV to X where the candidate Studied.
7.	Attested copy of latest Physically handicapped certificate (if applicable) / Ex-Serviceman.

GOVERNMENT OF ANDHRA PRADESH
APPLICATION FOR THE POST OF
_____ ON CONTRACT BASIS
UNDER THE CONTROL OF DM&HO, Erstwhile
W.G. DISTRICT

Latest
Passport Size
Photo with self
attestation

Registration No.

1. NAME OF THE APPLICANT :

(In Block letters as in SSC/
Equivalent Examination
Certificate)

2. NAME OF THE FATHER/HUSBAND :

3. DATE OF BIRTH :

(As entered in SSC/Equivalent
Examination (Copy to be
enclosed)

Date	Month	Year

4. AGE AS ON 31.12.2023 :

Year	Month	Date

5. SOCIAL STATUS :

(Attested copy of latest caste
certificate issued by the Tahsildar
concerned)

SC	ST	BC (with group)	Others

- 6. Whether belongs to Physically
Handicapped**
: (latest certificate issued by Medical
Board to be enclosed)

Yes / No

7. DETAILS OF SCHOOL (S) :

Sl..No	Class	Year of Passing	School & Place	District
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			
6	IX			
7	X			

8. EDUCATIONAL QUALIFICATION :

(Please enclose attested copy of relevant certificate of qualifying examination)

Qualification	Year of Passing	Name of the College & University	Marks	
			Maximum Marks	Marks Obtained

9. Year of Completion after Degree/MBBS/MD ::

(Please enclose attested copy of relevant certificate)

10. A.P. Medical Registration No. ::

(Please enclose attested copy of relevant certificate)

11. Address for communication along with Mobile Number and Email ID ::

DECLARATION

I . _____ S/o / D/o _____ certified

that the particulars given above are correct to the best of my knowledge and belief. 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 appointment will be cancelled summarily.

SIGNATURE OF THE APPLICANT