

**NOTIFICATION**  
**GOVERNMENT OF ANDHRA PRADESH**  
**HEALTH, MEDICAL AND FAMILY WELFARE DEPARTMENT**  
**NOTIFICATION FOR RECRUITMENT OF VARIOUS POSTS ON CONTRACT**  
**BASIS UNDER RBSK/RKSK PROGRAM**  
**Notification No.-----**

Applications are invited from qualified and eligible candidates for filling up of the Following posts on Contract basis under RBSK/RKSK Program, initially for a period of one year in Vizianagaram District, Health Medical & Family Welfare Department, Government of AP

S. No.	Name of the Post	No. of Posts	Renumeration per month	Educational qualification	Duty station
1	RKSK Dist.Program Officer	01	30000	1.MBBS With MPH or MHA 2.BDS/BAMS/BHMS/BSc.Nursing/BPT from recognized by the respective council with compulsory PG (MPH/MHA) Qualification in one of the following	DM&HO Office
2	Medical Officer	01	30000	MBBS degree Recognized by Medical Council of India	DEIC, Gosha Hospital
3	Optometrist	01	25000	Bachelor degree in Optometry OR Master in optometry from any Recognized university	DEIC, Gosha Hospital
4	Clinical Psychologist	01	20000	Masters degree in Child Psychology from any Recognized university	DEIC, Gosha Hospital
5	Dental Hygienist/Technician	01	15000	Dental Hygienist Certificate from Recognized university	DEIC, Gosha Hospital
6	Audiologist and Speech Therapist	01	25000	Bachelor Degree in Speech and Language Pathology from any Recognized University	DEIC, Gosha Hospital

- a) Candidates shall submit their application forms along with enclosures to the RBSK Unit, O/o DMHO, Vizianagaram on or before Dt 24.12.2017 <sup>5-11-2018</sup> by 5PM.
- b) All applications covers should be superscribed on right top corner as follows:- Contract Basis Recruitment – for the posts of \_\_\_\_\_ separately UNDER RBSK/RKSK PROGRAM.
- c) Details and Application form also available in [www.vizianagaram.nic.in](http://www.vizianagaram.nic.in)

Permission may be given to release press note through DPRO & to keep it in Vizianagaram website.

DC-RBSK,  
Vizianagaram

DM&HO,  
Vizianagaram.

Joint Collector,  
Vizianagaram.

GOVERNMENT OF ANDHRA PRADESH  
DISTRICT HEALTH SOCIETY, VIZIANAGARAM DISTRICT  
NOTIFICATION NO - SPL/**RBSK/RKSK/2017**

RECRUITMENT OF RKSK Program Officer ,MEDICAL OFFICER,OPTOMETRIST,  
CLINICAL PSYCHOLOGIST, AUDIOLOGY AND SPEECH THERAPIST, DENTAL  
HYGENIST Posts in DEIC ON **CONTRACT BASIS** UNDER RASTRIYA BALA  
SWASTHYA KARYAKRAM, NATIONAL HEALTH MISSION

APPLICATION FORM

REGISTRATION NO:  
(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE:

DISTRICT FOR WHICH APPLIED:

1.	Name of the candidate		Paste Photograph here and sign across it
2.a	Name of the Father		
2.b	Name of Mother		
2.c	Name of husband/wife (if married)		
3.	Sex		
4.	Date of Birth		

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/woman	YES / NO								

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

DISTRICT TO WHICH CANDIDATE BELONGS AS PER PRESIDENTIAL ORDER

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EDUCATIONAL QUALIFICATIONS:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE/UNIVERSITY

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained

ADDRESS PARTICULARS:

Name :

Father Name/

Husband name:

House No :

Street :

Village/Town :

District :

Pin :

Contact NO :

**DECLARATION**

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

**FOR OFFICE USE ONLY**

Date of Receipt of application :

Candidate has submitted all the attested copies of the certificates as per instructions .All the particulars submitted by the individual are verified with respect to the certificates and found correct

Name & Signature of the assistant

Name & Signature of the Supervisor

## Acknowledgement

Received application from Sri/Smt. \_\_\_\_\_ for application to the post of \_\_\_\_\_ on \_\_\_\_\_ (Date) \_\_\_\_\_ (time). Copies of the following certificates are found.

1

2

3

4

5

Name, designation and  
Signature of official receiving the  
application form