

**Draft Notification**

**GOVERNMENT OF ANDHRA PRADESH MEDICAL & HEALTH  
DEPARTMENT NTR DISTRICT NOTIFICATION NO. 04/2025.**

**RECRUITMENT OF CERTAIN POSTS UNDER ADMINISTRATIVE CONTROL  
OF DM&HO, NTR ON CONTRACT BASIS**

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Applications in the prescribed proforma are invited from the eligible candidates for recruitment of posts noted in the annexure on contract basis Under the Administrative Control of DM&HO, NTR, District. The Applicants can download the Application & the details of vacancies available & eligibility particulars through Website address

**ntr.ap.gov.in/notice/recruitment.**

Filled Applications shall be submitted through manually/ Register Post only in the O/o District Leprosy Aids & TB Officer NTR District. Vijayawada ntr in all working days from 25.04.2025 to 30.04.2025 at 10.30AM to 5 PM along with all required certificates.

Last date for submission of filled applications is 30.04.2025 by 5.PM.

*J. Kha lew*  
*24/4/2025*  
**District Leprosy Aids & TB Officer**  
**NTR District. Vijayawada**

*24/4/25*

*Dr. S. S. S. S. S.*  
*24.4.2025*  
**District Medical and Health Officer,**  
**NTR District. Vijayawada**

**ANNEXURE**

<b>Sl No</b>	<b>Name of the Post</b>	<b>No of posts to be filled</b>	<b>Required qualification for the post</b>	<b>Remuneration per month.</b>	<b>Mode of selection</b>
1	Senior Treatment Supervisor (STS)	1	Bachelor's Degree Or Recognized Sanitary inspector's course & Certificate Course in Computer Operation (Minimum 2 Months)& Permanent two wheeler driving license & should be able to drive two wheeler	Rs: 33,975/-	Contract Basis
2	Senior TB Laboratory Supervisor (STLS)	1	Graduate or Diploma in Medical Laboratory technology or equivalent from a govt Recognized institution & Permanent two wheeler driving license & should be able to drive two wheeler Certificate Course in Computer Operation (Minimum two Months)	Rs: 33,975/-	Contract Basis
3	TB Health Visitor (TBHV)	2	Graduate in Science or Intermediate (10+2) in science and experience of Working as MPW/LHV/ANM/ Health Worker/ Certificate or Higher course in Health Education / Counselling or Tuberculosis health Visitor's recognized Course Or Certificate course in computer operations ( Minimum two months)	Rs: 21,900/-	Contract Basis
4	Lab Technician Gr-II	1	Intermediate (10+2) and Diploma or certified course in medical Laboratory Technology or equivalent	Rs: 19,019/-	Contract Basis



### **Guidelines and Instructions for filling up of application:**

The filled in application should be submitted in person duly enclosing the following certificates along with application fee and the application form at O/o DISTRICT MEDICAL & HEALTH OFFICER, NTR from 25.04.2025 to 30.04.2025 by 5 PM on working days in working hours i.e 10.30 AM to 5 PM. The application without signature of the applicant or without any of the following enclosures will be summarily rejected.

1.	S.S.C or Equivalent examination Marks Memo.
2.	Intermediate or 10+2 examination Marks Memo.
3.	Qualifying Examination Pass Certificate.
4.	Marks memos of all the years (qualifying examination)
5	Latest Caste certificate issued by the Tashildhar/MRO concerned
6.	Study certificate for the years from 4 <sup>th</sup> class to 10 <sup>th</sup> Class. In case of Private study residence certificate from the Tashildhar /MRO concerned for the above period (4 <sup>th</sup> to 10 <sup>th</sup> Class study period).
7	Relevant Certificates in respect of candidates claiming Ex Service man Quota
8	1 photographs duly pasted on the application form with self attestation
9	Service certificate in respect of candidates claiming weightage if worked in govt institutions

**Age:** As per Govt. Memo No. 3543366/B1 2020 HM&FW(B1) Dept., dt: 16.06.2020

1. OC Candidates should not have completed 42 years as on 01.06.2020. (Should not have been born before 01.06.1978).
2. SC / ST / BC Candidates should not have completed 47 years as on 01.06.2020. (Should not have been born before 01.06.1973).

**Reservation:** Rule of Reservation will apply as per AP State Govt. rules in force.

**Weightage (1A) :** - Recruitment in respect Senior Treatment Supervisor (STS), Senior TB Laboratory Supervisor (STLS), TB Health Visitor (TBHV) & Lab Technician Gr.II and Contract Basis in any Schemes (HDS/CDS/Arogya Sree HCT etc., or under any PPP (Total Marks 100) as per Go.Ms.No.298 HM&FW.,(B1) Department, Dated:16.06.2020.

- I. 75 Marks obtain in qualifying examination.
- II. Weight age for number of years since passing qualifying examination is upto 10 marks @ 1 Marks for each completed year.
- III. Weight age for contract services in Government institutions up to 15 marks
  - a) 2.5 Marks per 6 Months in Tribal Area
  - b) 2 Marks per 6 Months in Rural Area.
  - c) 1 Mark per 6 Months in Urban Area.

IV There will be no Interview Marks.

**Selection Process:** Purely on Merit and follow the Rule of Reservation.

**Address for Submission of application:**

**C/o: District Leprosy, Aids&TB Officer,  
Jakkampudi YSR Colony,  
NTR District. Pin code Number: 521231**

*J. Uma Kumar*  
*24/4/2025*

**District Leprosy Aids & TB Officer  
NTR District.Vijayawada**

*[Signature]*  
*24/4/25*

*M. Sree*  
*24.4.2025*

**District Medical and Health Officer,  
NTR District.Vijayawada**



**NTEP – NHM RECRUITMENT – ERSTWHILE NTR DISTRICT**  
**APPLICATION FORM**

<b>Registration number</b>	
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<b>Application for the Post Of</b>			
1.	Name of the candidate:		Paste Latest Photograph
2.a	Name of the Father		
2.b	Name of the Spouse(If Married)		
3.	Gender		
4.	Date of Birth, Age ( SSC Certificate should enclose )		
5.	Social Status <b>(OC/SC/ST/ BC-A,B,C,D,E)</b>		
6.	Status (Local/Non Local)		
7.	Whether Physically handicapped Specify details.(VH / HH / OH)		
8.	Whether Sports if any details:		
9	Date of Completion of Technical Qualification		
10	Whether experience if any in Government institutions under Medical & Health Dept. ( if yes enclose ServiceCertificate and Appointment order )		
11	Whether Ex Service man/woman (YES/NO)		
12	<div style="display: flex; justify-content: space-between;"> <div>Address :</div> <div> D.No.: Street : Mandal : District : Pin Code : </div> </div>		
13	Contact Phone Number	<div style="display: flex; justify-content: space-between;"> <div>1.</div> <div>2.</div> </div>	

**DETAILS OF SCHOOL EDUCATION:**

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

**MARKS OBTAINED IN THE REQUISIT QUALIFICATION ( ESSENTIAL QUALIFICATION)**

Qualifying Examination	Total Marks (Max Marks)	Marks Obtained	% of Marks Obtained	Year of Passing	Achieved / Total ( For office Use only )

**MARKS OBTAINED IN THE PREFERENTIAL QUALIFICATION.**

Qualifying Examination	Total Marks (Max Marks)	Marks Obtained	% of Marks Obtained	Year of Passing	Achieved / Total ( For office Use only )



## Service in Government Institutions on Contract.

Details for Service Marks : ( Max - 15 Marks )

( If appointment order or Authorized signature by appointing authority not submitted, the service marks will not be considered )

		<b>For office use only</b>
<b>General Service in Government Institutions</b>	Yes/No	
If Yes - Name of the Institution worked		
Working As :		
Place of work – (Rural/Urban)		
Appointment order furnished	Yes/No	
Period From – To ( with dates )		
No. of 6 Months completed		
<b>Covid 19 Service in Government Institutions</b>	Yes/No	
If yes – Name of the Institution worked.		
Working as :		
Appointment order furnished	Yes/No	
Period From - To ( with dates )		
No. of 6 Months completed		

### **CHECK LIST - ACKNOWLEDGEMENT**

(The Check list should be submitted in 02 (TWO) Copies one copy will be returned to the applicant as a Acknowledgement)

Name of the Candidate :	
Applied for the Post :	
Mobile Number :	

**The Candidate should enclose self-attested documents/Certificates in the following order:**

Sl No	Name of the Document	Enclosed (YES/NO)
1.	Filled prescribed application form.	
2.	S.S.C or its Equivalent for date of birth.	
3.	Proof of appearance for the qualifying examination wherever applicable.	
4.	Qualifying Examination Pass Certificates.	
5.	Marks memos of all years of (qualifying examination) or its equivalents.	
6	Valid Certificate of Registration in AP Paramedical Board/Allied Health Care Sciences/Any other council constituted under the relevant rules for specific courses wherever applicable.	
7.	Clinical training Certificate if applicable.	
8.	Copy of valid Latest caste certificate.	
9.	Latest EWS certificate issued by the Tahsildar concerned.	
10.	Study certificate for the years from IV class to X Class. In case of Private study candidates, the residence certificate issued by the Tahsildar concerned for 04 to 07 years prior to SSC and its equivalent.	
10.	The service certificate should be submitted in the prescribed proforma. ( Appointment order and Service certificate with appointment authority signature )	
11.	Certificate of disability issued in SADAREM.	
12.	Any other certificates as relevant and applicable.	

**Signature of the candidate**





**GOVERNMENT OF ANDHRA PRADESH**

**Contract/Outsourcing/Honorarium Service Certificate**  
**(Certificate to be issued by the Controlling Officer**  
**concerned**

**(DM&HO/DCHS/Principals of GMC/ Superintendents of GGH/ or any**  
**Other Appointing Authority)**

This is to certify that, ..... S/o, D/o  
..... has been working / worked as (name of the post)in PHC / CHC  
/ AH / DH / GGH / or any other AP State Institution at.....on  
Contract / Out-Sourcing / Honorarium basis with concurrence of finance department,  
Government of AP. Details of his / her Contract / Out-Sourcing service as on the date  
of notification are as follows:

Name of the institution	Urban/ Rural/Tribal (or) Covid-19	Period		Duration	Reasons for break in service (if any)	Charges /allegations /adverse remarks if any
		From	To			

I hereby declare that:

1. His /her services as.....on  
Contract/Out-sourcing honorary basis during the above said period  
are satisfactory.
2. He/she does not have any adverse remarks from his superiors during the  
period of Contract/Out-sourcing/Honorarium service.
3. He/she is eligible for Contract / Outsourcing Service Weightage as per the  
rules published in the notification.

Signature& Seal of the Controlling  
Officer (DMHO/DCHS/any other  
competent District Authority who  
appointed the applicant)

**Imp. Note:** The self attested copy of appointment order must be en-closed along with  
this service certificate, otherwise weightage for Contract/ Outsourcing/honorary  
service will not be considered for final merit.