

# DIRECTORATE OF PUBLIC HEALTH & FAMILY WELFARE

## Civil Asst. Surgeon/ Dental Asst. Surgeon Recruitment-2013.

### Important Steps to be followed

1. Go through the instructions carefully before filling the online application.
2. Online Application will be accessed from 10 AM on 5.9.2013 to 5 PM on 25.9.2013.
3. The application proforma given below is a guiding tool for filling the online application with relevant and exact information.
4. Hand Written Applications will not be accepted.
5. After filling the online application, take a printout of filled-in application, paste color passport photograph on right top of the application and sign at appropriate columns.
6. The application so obtained at point no.5 along with relevant enclosures shall be submitted to Director of Public Health & Family Welfare, Koti, Hyderabad-500195 on or before 5 PM on 01.10.2013

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### APPLICATION FOR THE POST OF CIVIL ASSISTANT SURGEONS / DENTAL ASSISTANT SURGEONS IN DIRECTOR OF PUBLIC HEALTH & FAMILY WELFARE, ANDHRA PRADESH: HYDERABAD

Latest Passport  
size Photo  
Attested by  
Gazetted Officer

Registration No.

|                                                                                                                                                                                                                                        |                                                       |                  |             |                                      |           |               |  |             |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------|-------------|--------------------------------------|-----------|---------------|--|-------------|--|--|--|--|--|--|
| <b>Registration Fee:</b><br>Demand Draft for Rs. 500/- in favour of<br>Director of Public Health & Family<br>Welfare, A.P., Hyderabad.<br>Payable at Hyderabad ( Fee will be<br>exempted for SC & ST candidates as<br>per Govt. Rules) |                                                       | <b>DD Number</b> | <b>Date</b> | <b>Name of the Bank &amp; Branch</b> |           |               |  |             |  |  |  |  |  |  |
| <b>1</b>                                                                                                                                                                                                                               | <b>Name of the Applicant<br/>(in Capital Letters)</b> | <b>Sur Name</b>  |             | <b>Name</b>                          |           |               |  |             |  |  |  |  |  |  |
| <b>2</b>                                                                                                                                                                                                                               | <b>Father / Mother /Husband's<br/>Name</b>            |                  |             |                                      |           |               |  |             |  |  |  |  |  |  |
| <b>3</b>                                                                                                                                                                                                                               | <b>Sex</b>                                            | <b>Male</b>      |             |                                      |           | <b>Female</b> |  |             |  |  |  |  |  |  |
| <b>4</b>                                                                                                                                                                                                                               | <b>Date of Birth (DD-MM-YYYY)</b>                     | <b>DD</b>        |             |                                      | <b>MM</b> |               |  | <b>YYYY</b> |  |  |  |  |  |  |
| <b>5</b>                                                                                                                                                                                                                               | <b>Religion</b>                                       |                  |             |                                      |           |               |  |             |  |  |  |  |  |  |

| 6      | Social Status                                                                                                             | SC/ST/ BC / OC                                                              | If BC indicate Group : |          |
|--------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------|----------|
| 7      | Relaxation of Age if any (Specify the category ) (Tick mark).<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, (Certificate issued by competent authority to be enclosed)          |                        |          |
| 8      | Whether belongs to Physically handicapped (Tick mark).<br><input type="checkbox"/> Yes <input type="checkbox"/> No        | If Yes, (Certificate issued by Medical Board to be enclosed)                |                        |          |
| 9      | Whether belongs to Ex-Service Men category : (tick mark).<br><input type="checkbox"/> Yes <input type="checkbox"/> No     | If Yes, (Certificate to that effect to be enclosed with length of service ) |                        |          |
| 10     | Details of School Education                                                                                               |                                                                             |                        |          |
| Sl.No. | Class                                                                                                                     | Name of the School & Place                                                  | Year of Passing        | District |
| 1      | IV                                                                                                                        |                                                                             |                        |          |
| 2      | V                                                                                                                         |                                                                             |                        |          |
| 3      | VI                                                                                                                        |                                                                             |                        |          |
| 4      | VII                                                                                                                       |                                                                             |                        |          |
| 5      | VIII                                                                                                                      |                                                                             |                        |          |
| 6      | IX                                                                                                                        |                                                                             |                        |          |
| 7      | X                                                                                                                         |                                                                             |                        |          |

11. Details of Medical Education : (Attested copies to be enclosed)

| Sl.No. | Educational Qualifications        | Year of Passing | Name of the College & University | Percentage of Marks (aggregate of marks obtained in all the years) |
|--------|-----------------------------------|-----------------|----------------------------------|--------------------------------------------------------------------|
| 1      | MBBS                              |                 |                                  |                                                                    |
| 2      | BDS                               |                 |                                  |                                                                    |
| 3      | PG Diploma / PG Degree , if any ? |                 |                                  |                                                                    |
| 4      |                                   |                 |                                  |                                                                    |
| 5      |                                   |                 |                                  |                                                                    |
| 6      |                                   |                 |                                  |                                                                    |

12 Registration details:

|    |                                      |      |    |      |    |    |      |
|----|--------------------------------------|------|----|------|----|----|------|
| a. | Internship Period                    | From | MM | YYYY | To | MM | YYYY |
|    |                                      |      |    |      |    |    |      |
| b. | A.P. Medical Council Regd. No & date |      |    |      |    |    |      |

|    |                                                |          |
|----|------------------------------------------------|----------|
| 13 | Are you working on contract with Govt. of A.P. | Yes / No |
|----|------------------------------------------------|----------|

|    |                                                                                                       |  |
|----|-------------------------------------------------------------------------------------------------------|--|
| 14 | If Yes : Certificate from the controlling officers concerned (P.O. / DM&HO/DCHS etc.) to be enclosed) |  |
|----|-------------------------------------------------------------------------------------------------------|--|

| 15 | Length of Contract Service | From | To | Tribal / Rural / Urban |
|----|----------------------------|------|----|------------------------|
|    | Name of the institution    |      |    |                        |
|    |                            |      |    |                        |
|    |                            |      |    |                        |
|    |                            |      |    |                        |

16 Address for communication along with PIN Code: (in capital letters)

Name of the Candidate ::

Fathers / Husband Name ::

H.No. ::

Street ::

Village/ Town / City ::

District ::

PIN ::

## DECLARATION

I, Dr. \_\_\_\_\_ S/o, D/o,  
W/o, \_\_\_\_\_ certify 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.

I, Dr. \_\_\_\_\_ S/o, D/o,  
W/o, \_\_\_\_\_ will abide by the rules  
under which I may be appointed in regular service, if selected. I will join in the place where I am posted  
within the stipulated time specified by the authorities failing which I forfeit my rights to be appointed in  
this recruitment.

**SIGNATURE OF THE APPLICANT**

CERTIFICATE TO BE ISSUED BY THE CONTROLLING OFFICER  
CONCERNED (P.O., ITDA / DM&HO / DCHS etc.)

This is to certify that

Dr. \_\_\_\_\_ S/o,D/o

\_\_\_\_\_ has been working as  
\_\_\_\_\_ in PHC/CHC/AH/District Hospital on contract

basis. The details of his/her service are as follows:

| Name of the Institution | Tribal/Rural / Urban | Working Period |    | Reasons for breaking service if any |
|-------------------------|----------------------|----------------|----|-------------------------------------|
|                         |                      | From           | To |                                     |
|                         |                      |                |    |                                     |
|                         |                      |                |    |                                     |
|                         |                      |                |    |                                     |
|                         |                      |                |    |                                     |
|                         |                      |                |    |                                     |

I hereby declare that :

1. His/ her services as Medical Officer during the contract period are satisfactory.
2. He/she does not have any adverse remarks from his/ her superiors during the period of contract service as Medical Officer.

**Date :**

**Place :**

**SIGANTURE OF CONTROLLING  
OFFICER  
(P.O., ITDA / DM&HO / DCHS)**

**GOVERNMENT OF ANDHRA PRADESH**  
**NOTIFICATION NO. 1/2013**  
**DIRECTORATE OF PUBLIC HEALTH AND FAMILY WELFARE**  
**INFORMATION TO CANDIDATES**

**Para -1 :**

Applications are invited from eligible candidates with effect from \_\_\_\_\_ in the prescribed 'Application form' on all working days up to 5:00 pm on \_\_\_\_\_ for recruitment to the posts of Civil Assistant Surgeons/ Dental Assistant Surgeons, in the Medical Institutions.

**Note:-**

1. The Applications received in the prescribed form, within the time shall only be considered and Department will not be responsible for postal loss or transit delays. ( if sent directly to the office of the Director of Public Health and Family Welfare, AP., Sultan Bazaar, Koti, Hyderabad by post) Copies of the certificates issued by the Competent authority shall compulsorily be enclosed with the Application form, failing which the application shall be summarily rejected.

**DETAILS GOVERNING THE RECRUITMENT PROCESS:**

1. **Vacancies :** The recruitment will be made to the 1190 vacancies. The No. of vacancies is provisional and likely to increase or decrease.
2. **Scale of Pay:**
  - a) 20,680-570-21820-610-23650-650-25600-700-27700-750-29950-800-32350-850-34900-900-37600-970-40510-1040-43630-1110-46960, and other allowances as admissible under the rules in force from time to time.
3. **Caste & Community:**
  - a) Community Certificate issued by the competent authority in terms of G.O.Ms.No. 58; SW(J)Deptt., dt: 12-05-1997 ( Candidates belonging to BCs, SCs & STs of other States are not entitled for reservations)
  - b) The General Rule 22 of Special representation shall apply to the appointments of these posts subject to various provisions in the relevant Service rules, except in the case of Physically handicapped persons.
4. **The reservation to Women will apply as per General Rule 22-A (G.O.Ms.No. 41, WD&CW(Estt)Deptt., dt: 01-08-1996**

**The Rule of reservation to local candidates is applicable :**

Zonal/Local : In terms of Para 8 of the G.O., A.P. Public Employment (Organization of local cadres) and regularization of Direct Recruitment order 1975 (G.O.Ms.No. 674; G.A.(SPF.A)DEPARTMENT, DT: 28-10-1975) G.O.P No.763;G.A.(SPF.A)Department, dt: 15/11/1975), read with G.O.Ms.No.124, G.A.(SPF.A) Department , dt; 7/3/2002.

Reservation to the local candidates is applicable as provided in the Rules and as amended from time to time as in force on the date of notification. The candidates claiming reservation as local candidates should enclose the required study certificates (from IV class to SSC) or Residence Certificate in the proforma under Enclosure-III (B) or III (C) as the case may be. Subsequent production of the certificates will not be entertained under any circumstances.

A. Definition of local candidate:

- i. "Local candidate" means a candidate for direct recruitment to any post in relation to that Local areas where he/she has studied in Educational Institutions(s) for not less than four consecutive academic years prior to and including the year in which he/she appeared for SSC or its equivalent examination. If however, he/she has not studied in any educational Institution during the above four years period, it is enough if he/she has resided in that area which is claimed as his/her local area during the above said period.
- ii. In case the candidate does not fall within the scope of the above, it will be considered if he/she has studied for a period of not less than seven years prior to and inclusive of the year in which he/she has studied for the maximum period out of the said period of seven years AND where the period of his/her study in two or more local areas are equal such local area where he/she has studied last (in such local areas) will be taken for determination the local candidature. Similarly, if he/she has not studied during the above said period in any Educational Institution(s) the place of residence during the above period will be taken into consideration and local candidature determined with reference to the maximum period of residence or in the case of equal period where he/she resided last.
- iii. If the claim for local candidature is based on study, the candidate is required to produce a certificate from the Educational Institution(s) where he/she has studied during the said 4/7 years period. If, however, it is based on residence, a certificate should be submitted as prescribed in Enclosure -III(B) or III(C) obtained from an Officer of the Revenue Department not below the rank of Mandal Revenue Officer, in independent charge of a Mandal.  
If, however, a candidate has resided in more than one Mandal during the relevant four/seven years period but within the same District or Zone as the case may be separate Certificate from the Mandal Revenue Officers, exercising jurisdiction have to be obtained in respect of different areas.

Note: A Single certificate, whether of study or residence would suffice for enabling the candidate to apply as "LOCAL CANDIDATE"

- (B) Residence certificate will not be accepted, if a candidate has studied in any Educational institutions upto S.S.C. or equivalent examination, such candidates have to produce study certificates invariably.

(C) Each of the following zones comprises the District mentioned against each Zone.

| ZONES             | DISTRICT INCLUDED                                                                                                                                                                                                                                                                                                                                 |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I                 | Srikakulam, Vizianagaram and Visakhapatnam                                                                                                                                                                                                                                                                                                        |
| II                | East Godavari, West Godavari and Krishna                                                                                                                                                                                                                                                                                                          |
| III               | Guntur, Prakasam, and Nellore                                                                                                                                                                                                                                                                                                                     |
| IV                | Chittoor, Cuddapah, Ananthapur, and Kurnool                                                                                                                                                                                                                                                                                                       |
| V                 | Adilabad, Karimnagar, Warangal and Khmmam                                                                                                                                                                                                                                                                                                         |
| VI                | Rangareddy, Nizamabad, Mahaboobnagar, Medak and Nalgonda, Excluding the areas under City of Hyderabad.                                                                                                                                                                                                                                            |
| VII<br>(Locality) | City of Hyderabad consists of Hyderabad Division, Secunderabad, Division, Secunderabad Division of Municipal Corporation of Hyderabad, Secunderabad, Cantonment area, OU Campus, Fatenagar, Bowenpally, Macha Bolarum, Malkajgiri, Uppal Khalan, Alwal, Balanagar, Moosapet, Kukatpally Panchayat Areas and Zamistanapur, and Lallaguda villages. |

The candidates claiming reservation as Local candidates should enclose the required certificates along with the Enclosure III B or III C with the application.

D. Residence certificate will not be accepted, if a candidate has studied in any educational institution upto SSC or equivalent examination, such candidates have to produce study certificate only.

E. This local reservation is towards Zonal representation. The candidates will be posed in any vacancy in the State as this is a State Cadre post.

5. All are informed that the various conditions and criterion prescribed herein are Governed by the General rules of A.P. State and Subordinate Service Rules, 1996 read with the relevant specific rules applicable to any particular service in the Departments, any guidelines or clarification is based on the said rules, and in case of any necessity, any matter will be processed as per the relevant general and special rules, cited as in force.

**PARA - 2: AGE:**

The minimum and maximum age shall be reckoned as on 01-07-2013 with the relaxations allowed for reckoning duly the maximum age limit as per rules. The candidate should not have completed (39) years of age as on 01-07-2013.



Relaxation will be as follows:-

- i) For S.C's BCs and S.T's - 5 (Five) years.
- ii) For ex-service Men -3 (Three) years.
- iii) Disabled persons -10 (Ten) years.

**Explanation :**

- 1 After provision of relaxation of age as shown above the age shall not exceed the maximum prescribed.
- 2 Marking deductions referred to at S.No. i, ii, iii the applicant's age shall not exceed the maximum age limit provided for the post.

**PARA 3 : EDUCATIONAL QUALIFICATIONS :**

- a) Candidates should have passed MBBS Degree examination or its equivalent included in the Schedule -I of the MCI Act, 1956 as amended from time to time and from a College recognized by the Medical Council of India.
- b) Candidates passed from unrecognized Universities are ineligible. Such application if received will be rejected. If noticed at a later date his/her appointment will stand cancelled automatically if selected.
- c) Must be registered (on Permanent basis) with State Medical Council of Andhra Pradesh or any other state in India constituted under MCI Act.

**PARA - 4: FEE:**

Each application must be accompanied by D.D. worth Rs. 500-00 (Rupees Five hundred only) obtained on or after \_\_\_\_\_ payable at Hyderabad drawn in favour of Director of Public Health and Family Welfare, A.P., Hyderabad.

**Exemption from Payment of Fee:-**

Candidates belonging to SC, ST BC and Ex-Service Men category are exempted from payment of Fee.

**PARA - 5: METHOD OF SELECTION:**

**A. Selection Process:**

- a) Total Marks - 100.
- b) 75 Marks will be allocated against marks obtained in the qualifying examination i.e., Aggregate of Marks obtained in all the years in the qualifying examination.
- c) Upto 10 marks @ 1 (one) mark per each completed year after acquiring requisite qualification.

- d) Weightage up to 15 Marks @ will be given to Civil Assistant Surgeon / Dental Assistant Surgeons working on contract basis with the conditions shown at "B" of this Para.
- e) They should have minimum Six months of continuous service as Contract Civil Assistant Surgeon / Dental Assistant Surgeons to be eligible for weightage.
- f) They should have put in satisfactory service. The candidate will not be given any weightage, if any adverse remarks are passed. Candidates should enclose a certificate from the controlling Officers concerned (P.O. ITDA/ DM&HO / DCHS etc.) to that effect and an undertaking by themselves in prescribed proforma provided in the application.

**B. Particulars of weightage:**

1. @ 2.5 Marks per Six months in Tribal area.
2. @ 2.0 Marks per Six months in Rural Area.
3. @ 1.0 Mark per Six months in Urban Area.
4. Upto 10 marks @ 1.0 mark per each completed year after acquiring requisite qualification.
5. No weightage will be given for the service rendered less than Six months.
6. The Medical Officer / Dental Assistant Surgeons on contract basis must be continuing in service.
7. There will be no interview.

**PARA - 6: HOW TO APPLY:**

**A. How to obtain application form:**

- i) Candidates can obtain the Application Form from the web site <http://dh.ap.nic.in> of the Director of Public Health and Family Welfare, Sulta Bazar, Koti, A.P., Hyderabad. Please use only the application form downloaded from web site.
- ii) The filled-in applications can be submitted to the Director of Public Health and Family Welfare Campus, Sulta Bazar, Koti, A.P., Hyderabad on or before \_\_\_\_\_ at 5.00 P.M.
- iii) If you send by post please follow these guidelines :

The Envelope should be superscribed as follows:

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A.P .Medical & Health Services

Notification 01/2013

To

The Director of Public Health

& Family Welfare,

Andhra Pradesh, Sulthan Bazar,

Koti, Hyderabad -500 195.

From

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Note: Also see instructions.

- 1) Each envelope should contain only one application.
- 2) The applicant should send the envelope containing the application by speed post.
- 3) The department is not responsible if un-superscribed envelopes got mixed up with other envelopes. The applicants are therefore advised to strictly follow the instructions in their own interest and superscribe the envelopes accordingly.
- 4) Incomplete / incorrect applications and applications received after due date and time will be summarily rejected. The information if any furnished by the candidate subsequently will not be entertained by the Department under any circumstances. The Department will not be responsible for postal loss or transit delay. Applicants should be careful in filling up of the application and submission. If any lapse is detected during the scrutiny the candidature will be rejected even though he/she comes through the final stage of recruitment process or even at a later stage.

### **INSTRUCTIONS TO CANDIDATES**

- 1) The candidate must note that his/her selection for counseling is strictly provisional. The mere fact that calling for counseling does not imply that his/her candidature has been finally cleared by the department or that the entries made by the candidate in his/her application have been accepted by the department as true and correct.
- 2) One self-addressed cover of size 12X26 CM with postal stamps worth of Rs.25 and a self-addressed post card are to be enclosed.
- 3) The candidates doing PG are advised not to apply. Permission will not be given to continue their PG course under any circumstances if selected.
- 4) The above appointments are purely temporary and likely to be regularized as per the rules.
- 5) Candidates selected and posted to medical institutions should stay at the Headquarters compulsorily .
- 6) Candidates selected and appointed are barred from doing private practice including consultation practice.
- 7) Selected candidates shall be liable to serve in any part of Andhra Pradesh. If selected he/she should join in the place where he/she posted within the stipulated time, failing which the selection stands cancelled.
- 8) **Debarment :**
  1. Candidates should make sure of their eligibility to the post applied for and that the declaration made by them in the format of application regarding their eligibility in all respects. Any candidate furnishing in-

correct information or making false declaration regarding his/her eligibility at any stage or suppressing any information is liable to be debarred from recruitment conducted by the department and summary rejection of their candidature for this recruitment & future recruitments also.

2. The department is vested with duty of conducting recruitment and selection as per rules duly maintaining utmost secrecy and confidentiality in this process and any attempt by any one causing or likely to cause breach of this duty in such manner or by such action as to violate or likely to violate the fair practices followed and ensured by the Department will be sufficient cause or ground for debarment.

### **DEPARTMENT'S DECISION TO BE FINAL**

The decision of the department pertaining to the application and its acceptance or rejection as the case may be, conduct of counseling and at all consequent stages culminating in the selection or otherwise of any candidate shall be final in all respects and binding on all concerned under the powers vested with it. The department also reserves its right to modify time and conditions laid down in the notification for conducting the various stages upto selection duly intimating details thereof to all concerned as warranted by any unforeseen circumstances arising during the course of this process.

### **List of documents to be enclosed.**

#### **A . Attested copies of :**

- a. MBBS / BDS aggregate of marks obtained in all the years in qualifying the examination.
- b. MBBS / BDS Degree Certificate / Provisional.
- c. Certificate of permanent Registration in a State Medical Council constituted under MCI Act.
- d. SSC or equivalent certificate (for Date of Birth)
- e. Study Certificates from class IV to X from the school where the candidate studied. If SSC or its equivalent done by private study, without attending any school, residence certificate from MRO for previous 7 years. (in prescribed proforma). In the absence of the above certificate the candidate will be considered as non- local.
- f. Copy of the latest Caste Certificate in case of SC/ST/BC (with categorization if any ) issued by MRO concerned. In the absence of proper certificates the candidate will be considered as OC only.
- g. Physical Handicapped Certificate issued by Medical Board.
- h. Ex-Service man certificate to be enclosed.

Service certificate from the controlling officer concerned (PO, ITDA/DM&HO/DCHS etc.) in case of Medical officer working on contract basis.

- B. Crossed demand draft for Rs.500/- drawn on or after \_\_\_\_\_ on any nationalized bank in favour of Director of Health, A.P., Sultan Bazar, Koti, Hyderabad-500 195.
- C. The applications submitted without the required certificates and incomplete applications will be rejected summarily.

Director of Public Health  
& Family Welfare