

GOVERNMENT OF ANDHRA PRADESH

DIRECTORATE OF MEDICAL EDUCATION: ANDHRA PRADESH: VIJAYAWADA

Rc.No.37409/P1/2017,

Dated:20.02.2019

RE- NOTIFICATION

GO.MS No. 158 HM&FW (I) Department Dated, 20.12.2016

Applications are invited from the eligible candidates for a Special Recruitment for **Medical officers for the Hon'ble Chief Minister's Convoy**, visits at three regions. i.e.,1. North Costal Andhra, at Visakhapatnam, 2. Central Zone, at Guntur/ Vijayawada, and 3. Rayalaseema Zone at Tirupati. Advance life support Ambulances with dedicated Doctors requirement on arrangements for VIP Visits as follows.

Sl.No.	Specialist Doctors	No of Posts	Consolidate salary per month
1	General Medicine	4	1,50,000/-
2	Anesthesia/ EM	4	
3	Orthopadics	3	

1. Qualifications:

- MBBS with post graduation in above subjects from recognized indtitute by MCI. Candidates with DNB qualification from institutes having more than 500 beded multy-speciality hospitals may also apply.
- Post PG Experience qualification at any reputed institute either Government/Private is preferred.
40. Years age limit,
- Should be registered in A.P. Medical Council.

1. Criteria for Selections:

- Academic Qualification - 75 Marks
- Interview - 15 Marks
- Experience - 10Marks. (1mark for each year after PG)

2. Application fee:

For Doctors: Rs 500/- through CHALLAN/- (DDO code, 27000902022)

Head of Account: 0210- Medical & Public Health, 03 Medical Education,

Training & Research, MH (105) Allopath, SH (81) Other Receipts, 001

Other Receipts, in any Nationalize Bank.

3. Last date:

Last Date:07/03/2019 (Application form can be downloaded from DME,A.P. web site) Filled in application along with all certificates & CHALLAN for Rs.500 should reach to the Director of Medical Education, Andhra Pradesh, Old Government General Hospital premises, Hanuman pet, Vijayawada – 522 003 on or before 07/03/2019, by 5 PM.

Yours faithfully,

Sd/-Dr.R.Sasank

Director of Medical Education(Acad)

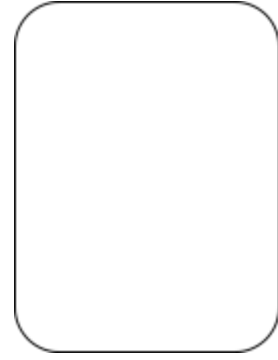
To,

The Commissioner,

Information and Public Relations, A.P., Vijayawada

APPLICATION FORM FOR DOCTORS

- 1 . Name of the Applicant :
- 2 . Name of the Father :
- 3 . Date of Birth (As per SSC)/ Age :
- 4 . Aadhar No :
- 5 . Nativity :
- 6 . Social Status :
- 7 . AP Medical Council Registration No & Date :
- 8 . Speciality Post :
- 9 . Whether belongs to ex-Service men category :
- 10 . Permanent Address :
- 10 . Present Address :
- 11 . Mobile No :
- 12 . E-mail ID :
- 13 . Educational Qualifications :



School Education

Class	Name of the School	Place	Year of Passing	District	State
IV					
V					
VI					
VII					
IX					
X					

Medical Education Details

Name of Course	Speciality	Name of the College/University	Year of Passing	Sum of Maximum Marks in all years of Qualifying Exam	Sum of Marks obtained in all years of Qualifying Exam

13 . Working Experience

Name of the Institute	Worked under	Period from (DD-MM-YYYY)	Period to (DD-MM-YYYY)	Place	Reasons for Breaking Serrvice if any

Encloses

- 1 Study Certificate
M.B.B.S
- 2 Certificate
- 3 A.P. Medical Council Registration Certificate
Experience
- 4 Certificate
- 5 Caste Certificate

14 . Challan no _____ Date _____ Name of the Bank _____
 Note : Copies of all certificates/ documents and challan to be enclosed along with application

UNDERTAKING

I undertake that the information furnished above is true to my best knowledge. I am willing to travel to districts to collect technical information and ability to subsequently synthesize the information into research evidence.

Place : _____
 Date : _____

Signature of the Applicant