

**GOVERNMENT OF ANDHRA PRADESH
HEALTH MEDICAL AND FAMILY WELFARE DEPARTMENT
DIRECTORATE OF MEDICAL EDUCATION**

**DIRECT RECRUITMENT NOTIFICATION NO 7/2022 Dt 12.10.2022
(REGULAR AND LIMITED RECRUITMENT)
FOR THE POST OF ASSISTANT PROFESSORS THROUGH
WALK-IN-MODE**

CORRIGENDUM DT 18.10.2022

1. **Application format** is attached to this corrigendum. Candidates are requested to attend the walk-in recruitment along with filled in application and enclosures.
2. **Merit list is valid for the period of one year** from the date of issue notification and vacancies arises during the year will be filled with the candidates available in the list.
3. Speciality wise list of **vacancies** is attached herewith for reference to the candidates

Sd/- Dr. Vinod Kumar V.
Director of Medical Education

Dt 18th October 2022

Vijayawada

GOVERNMENT OF ANDHRA PRADESH
DIRECTORATE OF MEDICAL EDUCATION AP VIJAYAWADA
APPLICATION FORM FOR THE POST OF ASSISTANT PROFESSOR
REGULAR AND LIMITED RECRUITMENT: NOTIFICATION NO 7/2022 DT 12-10-2022
SPECIALITY - _____
APPLICATION FOR REGULAR CONTRACT:, BOTH :

1. Name of the candidate :
2. Father's name :
3. Date of birth (as per SSC) :
4. Social status : OC/BCA/BCB/BCC/BCD/BCE/SC/ST/EWS
5. Details of School study :



Class	Name of the School	Town/Village	District	State
IV				
V				
VI				
VII				
VIII				
IX				
X				

6. Disability if any :
- a. Type of disability : VH / HH / OH / MI
- b. Percentage of disability :
7. Whether claiming EWS : Yes / No
8. Whether claiming Ex-service man : Yes :
9. Mobile no. :
10. Email id :
11. Aadhar Number :
12. Registration number of State Medical Council:
13. Address for communication:

14. Medical Educational Details :

Sl. No.	Qualification	Name of the university and address	Month and Year of Passing	Marks		Percentage of marks
				Maximum	Obtained / Grade	
1	MBBS					
2	PG Degree / DNB					

15. Month and Year of Completion of SR (Not applicable for super specialties):

16. Details of Contract Service:

Name of the Institution	Urban/Rural/Tribal/COVID service	Appointed by	Contract period		Total period in months
			From	To	

17. Copies of the certificates enclosed.

A	SSC or its equivalent certificate as proof of date of birth *	Yes / No
B	Local Status * a. 4th to 10th class study certificates (or) b. Local candidature certificate as Go No 132 & 133, dt.13.06.2017	Yes / No
C	PG Degree /PG Diploma/ DNB Marks memos *	Yes / No
D	PG Degree /PG Diploma/ DNB Degree Certificate*	Yes / No
E	SR Completion Certificate (Not applicable for super specialties) *	Yes/No
F	A.P. Medical council registration certificate	Yes / No
G	Copy of valid caste certificate from competent authority	Yes / No
H	Certificate of disability issued in SADAREM if applicable	Yes / No
I	Contract Service certificate from the DMHO/DCHS/Medical Superintendent and declaration by candidate that he/she did not utilize the contract weightage	Yes / No
J	EWS certificate	Yes / No
K	If person belongs to Ex-Service Man	Yes / No
L	In-service Candidate No Objection Certificate from Concerned APVVP/DME/DPHFW	Yes / No

Note : Certificates with * are mandatory and without these application will not be accepted

Undertaking

- a. I hereby declare that I will be abide to the conditions, rules and regulations stipulated by the department regarding the post of Assistant Professor.
- b. The information furnished above is true to the best of my knowledge.
- c. I am also aware that I am liable for any action that may be taken against me if the information furnished by me is found to be fake/false/fabricated at a later date.

Place:

Date:

SIGNATURE OF THE APPLICANT

DECLARATION BY THE CANDIDATE

I am here with declare that, I know that as per the notification 7/2022, contract weightage is eligible only if previously not availed. Further I hereby declare that I have not availed the contract weightage (which I have claimed now) previously in any recruitment of State Government.

Signature of the candidate