

**GOVERNMENT OF ANDHRA PRADESH
MEDICAL & HEALTH DEPARTMENT
SPSR NELLORE DISTRICT
NOTIFICATION NO: 01/DMHO/NLR/2023**

RECRUITMENT OF SANITARY ATTENDER CUM WATCHMEN ON OUTSOURCING BASIS

Applications in the prescribed proforma are invited from the eligible candidates for recruitment of **Sanitary Attender Cum Watchmen** posts noted in the annexure on out sourcing basis. The Applicants can download the Application & the details of vacancies available & eligibility particulars through Website address

spsnellore.ap.gov.in/notice/recruitment

Filled Applications shall be submitted in the O/o District Medical & Health Officer, Nellore in all working days from 02.12.2023 to 05.12.2023 by 10.30 AM to 05.00 PM along with all required certificates and requisite application fee by way of **Demand Draft** drawn in favour of **District Medical and Health Officer, Nellore** payable at Nellore, on or before 05.12.2023.

Last date for submission of filled applications is 05.12.2023 at 5.00 PM.

**Sd/- Dr. M. Penchalaiah
District Medical and Health Officer
SPSR Nellore District**

Notification No. 01/DMHO/NLR/2023, DM&HO, Nellore

ANNEXURE

Sl No	Name of the Post	No of posts to be filled	Required qualification for the post	Remuneration per month	Mode of selection	ROR
1	Sanitary Attender Cum Watchmen	05	10th class or equivalent qualification, 3 years work experience in any Govt / Pvt Hospital	15,000	Outsourcing Basis	42-EWS-G 43-BC-D-G 44-BC-E-G 45-BC-A-W 46-OC-G

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, NELLORE from 02.12.2023 to 05.12.2023 by 5 PM on working days in working hours i.e 10.30 AM to 5.00 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.	Registration and Renewal certificates of respective councils.
6.	Internship Certificate if any applicable.
7.	Latest Caste certificate issued by the Tashildhar/MRO concerned
8.	Study certificate for the years from 4 th class to 10 th Class. In case of Private study residence certificate from the Tashildhar /MRO concerned for the above period (4 th to 10 th Class study period).
9.	PH certificate (SADAREM CERTIFICATE) in respect of candidates Claiming reservation under PH Quota
10.	Sports certificate in respect of candidates claiming under Sports quota.
11.	Relevant Certificates in respect of candidates claiming Ex Service man Quota
12.	1 photographs duly pasted on the application form with self attestation

Application Fee:

Rs. 300/- for OC/ SC / ST / BC Candidates

Free for PH Candidates & Widows

The application fees should be paid by the way of **Demand Draft** from any Nationalized Bank, in favour of **District Medical and Health Officer, Nellore payable at Nellore.**

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).
3. Ex-Servicemen and PHC Candidates should not have completed 50 years as on 01.06.2020 (Should not have been born before 01.06.1970)

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

Total Marks – 100

Out of total 100 marks 75 marks shall be allotted against marks obtained in the academic qualification, 15 marks shall be allotted for working experience and 10 marks for weightage from the data of passing technical examination @ 1 marks per year (Vide G.O. Rt. No: 217/HM&FW/J-2, Dept, dated 26.02.2001) “**THERE WILL BE NO INTERVIEW MARKS**”.

Recruitment shall be done by the District Selection Committee under the Chairmanship of the District Collector, Nellore for the District Health Society and the selection committee shall consist of the following members:

- | | | |
|---------------------------------|---|----------|
| a. District Collector | : | Chairman |
| b. DM&HO | : | Member |
| c. DCHS, Nellore | : | Member |
| d. Superintendent, GGH, Nellore | : | Member |

Selection will be done based on the following criteria:

1. Merit list will be prepared based on the marks obtained in the qualifying examination and year of passing, work experience in the respective field area for respective categories and displayed on website for transparency
2. Selection list will be prepared from the finalized merit list duly following the Rule of Reservations and presidential order.

Sd/- Dr. M. Penchalaiah
District Medical and Health Officer
SPSR Nellore District

**GOVERNMENT OF ANDHRA PRADESH
DISTRICT MEDICAL & HEALTH OFFICER: SPSR NELLORE DISTRICT.
NOTIFICATION NO. 01/DMHO/NLR/2023.**

**RECRUITMENT OF SANITARY ATTENDER CUM WATCHMEN ON OUTSOURCING BASIS
under the Administrative Control of District Medical and Health Officer, Nellore**

APPLICATION FORM

(For the Post of SANITARY ATTENDER CUM WATCHMEN on Out Sourcing Basis)

REGISTRATION NO:

(TO BE FILLED BY THE OFFICE)

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APPLICATION FOR THE POST OF:

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1.	Name of the candidate:		Paste Photograph here and sign across it
2.a	Name of the Father		
2.b	Name of the Spouse (If Married)		
3.	Gender		
4.	Date of Birth		
5.	Social Status (OC/SC/ST/ BC- A,B,C,D,E)		
6.	Status (Local/Non Local)		
7.	Whether Physically handicapped Specify details. (VH / HH / OH)		
8.	Whether Sports if any details:		
9	Whether experience if any in Government institutions under Medical and Health Dept. (If yes enclosed Service Certificate)		Number of years of Service working in government institution (M & H)
10.	Whether Ex Service man/woman	YES / NO	

DD Number & Date	Amount	Name of the Bank

DETAILS OF SCHOOL EDUCATION:

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

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Total Marks (Max Marks)	Marks Obtained	% of Marks Obtained

ADDRESS OF THE CANDIDATE WITH MOBILE NUMBER:

Name :
Door No :
Street :
Village/Mandal :
District :
State :
Contact Number :

Signature of the Applicant

DECLARATION

I, Smt/Kum/Sri.....W/o / 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**