

**Recruitment of FNO posts under Administrative control of DM&HO,  
Krishna, Machilipatnam.**

Applications are invited from the eligible candidates in the prescribed proforma to fill up the backlog vacancies for the posts of Female Nursing Orderly (FNO) and Sanitary Attendant cum Watchman on outsourcing basis under the administrative control of District Medical & Health Officer, Krishna District. Only Female candidates can apply. The eligible female candidates are informed to download the application form Krishna.ap.gov.in website and submit at the District Medical & Health Officer, Krishna, Machilipatnam from 18.03.2022 to 21.03.2022 in between 10.30AM to 05.00PM. Applications received after due date will be summarily rejected.

| Sl.No | Name of the Post                | Provisional no. of posts to be filled | Mode of Selection | Salary per month   |
|-------|---------------------------------|---------------------------------------|-------------------|--------------------|
| 1     | Female Nursing Orderly(FNO)     | 3 (BC-B & BC-D)                       | Outsourcing basis | As per Govt. norms |
| 2     | Sanitary Attendant cum Watchman | 1 (BC-E)                              | Outsourcing basis | As per Govt. norms |

The number of posts may be increase or decrease as per the necessity of the department.

**Guidelines and instructions for filling of the application:**

The filled in application should be submitted duly enclosing the following certificates along with application. The application without signature of the applicant or without any of the following enclosures will be summarily rejected.

- 1.SSC or equivalent examination marks memo.
- 2.Study certificates from 4<sup>th</sup> class to 10<sup>th</sup> class (or) in case of private study Residence certificate from the Tahsildar/MRO for the above period(from 4<sup>th</sup> class to 10<sup>th</sup> class).
- 3.Service certificates in respect of candidates claiming the weightage if worked in Govt. institutions.
- 4.Latest cast certificate issued by the Tahsildar/MRO concerned.
- 5.First Aid Training certificate must be enclosed (who applied to the post of Female Nursing Orderly-FNO only).

Age limit:

1. OC Candidates should not have completed 42 years.
- 2.SC / ST / BC Candidates should not have completed 47 years
3. Ex-Servicemen and PH Candidates should not have completed 50 years

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

Selection procedure:

- I. 75% Marks obtain in qualifying examination.
- II. Weightage for number of years since passing qualifying examination is upto 10 marks @ 1 Marks for each completed year.
- III. 15 marks weightage will be given to the candidates earlier in the Organization approved by the Government, Who are working in (HDS/CDS/Arogyasree HCT, trauma care, APCOS,NHM and other GOI schemes who are appointed on contract/outsourcing basis through District Selection Committee are appropriate selection process which ever is applicable under the control of Director of Public Health and Family Welfare/Commissioner APVVP/DME.

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 is Purely on Merit and follow the Rule of Reservation.**

Sd/-Dr.M.Suhasini  
District Medical and Health Officer  
Krishna,Machilipatnam

**GOVERNMENT OF ANDHRA PRADESH  
DISTRICT MEDICAL AND HEALTH OFFICER:KRISHNA DISTRICT.**

**Recruitment of Certain Posts (Noted in the Annexure) On Contract  
/Outsourcing Basis Under The Administrative Control of District  
Medical and Health Officer, Krishna District.**

**APPLICATION FORM**

**REGISTRATION NO:  
(TO BE FILLED BY THE OFFICE)**

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**POST FOR WHICH APPLCATION  
MADE:**

|  |
|--|
|  |
|--|

|       |  |          |      |      |      |      |      |    |
|-------|--|----------|------|------|------|------|------|----|
| 1.    | Name of the candidate                        |          |      |      |      |      |      |    |
| 2.a   | Father's Name                                |          |      |      |      |      |      |    |
| 2.b   | Mother's Name                                |          |      |      |      |      |      |    |
| 2.c   | Name of husband/wife(if married)             |          |      |      |      |      |      |    |
| 3.    | Sex  |          |      |      |      |      |      |    |
| 4.    | Date of Birth                                |          |      |      |      |      |      |    |
| 5     | SOCAIL STATUS(PLEASE TICK)                   |          |      |      |      |      |      |    |
|       |  | OC       | BC A | BC B | BC c | BC D | BC E | SC |
| 6.    | Whether Physically handicapped (Please tick) | YES / NO |      |      |      |      |      |    |
| 6(.a) | If yes please mention category (Please tick) | HH /     |      | OH / |      | VH   |      |    |
| 7.    | Whether Ex Service man /Woman                | YES / NO |      |      |      |      |      |    |

**DETAILS OF SCHOOL EDUCATION:**

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

- STUDY CERTIFICATES FROM IVTH TO XTH SHOULD BE ENCLOSED OTHERWISE CANDIDATE WILL BE TREATED AS NON LOCAL.
- EDUCATIONAL QUALIFICATION:

| QUALIFICATION | YEAR OF PASSING | NAME OF THE COLLEGE/UNIVERSITY |
|---------------|-----------------|--------------------------------|
|               |                 |                                |

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

| Qualifying Examination | Total Marks | Marks Obtained | % of Marks Obtained |
|------------------------|-------------|----------------|---------------------|
|                        |             |                |                     |
|                        |             |                |                     |
|                        |             |                |                     |

ADDRESS PARTICULARS:

Name :

Father Name/:

Husband Name :

House No :

Street :

Village/Town :

District :

Pin :

Cell No /Ph.No :

DECLARATION

I, Smt/Kum/Sri ..... 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 candidate will be cancelled summarily.

NAME AND SIGNATURE OF THE  
CANDIDATE