పత్రికా ప్రకటన

ప్రభుత్వ వైద్య కళాశాల నల్లగొండ నందు ఔట్ఫౌర్సింగ్ పద్దతిపై 31.03.2022 వరకు పనిచేయుటకు గాను అర్హత మరియు ఆసక్తి గల అభ్యర్థుల నుండి దరఖాస్తులు ఆహ్వానిస్తున్నట్లు జిల్లా కలెక్టర్ ప్రశాంత్ జీవన్ పాటిల్, నల్లగొండ గారు ఒక ప్రకటనలో తెలిపారు. (8) ఫర్మసిస్ట్ గ్రేడ్ - II విద్యా అర్హత ఇంటర్ మీడియట్, డి ఫార్మసి / బి ఫార్మసి (ఫార్మసి కౌన్సిల్ రిజిస్ట్రేషన్ తప్పనిసరి) మరియు (37) ల్యాట్ టెక్నీపియన్ గ్రేడ్ - II విద్యా అర్హత ఇంటర్ మీడియట్ , డి యం యల్ టి లేదా బి.యస్.సి యం.యల్.టి (పరమేడికల్ బోర్డు రిజిస్ట్రేషన్ తప్పనిసరి) తేది 31.07.2021 నుండి 10.08.2021 సాయంత్రం 5.00 గంటల వరకు ఉదయదిత్య భవనము, కలెక్టర్ కార్యాలయం, మిర్యాలగూడ రోడ్, నల్లగొండ నందు దరఖాస్తు ఫారం సమర్పించ గలరు. పూర్తి వివరాలు మరియు దరఖాస్తు ఫారాలు https://nalgonda.telangana.gov.in/ and www.gmcnalgonda.in నందు ఉంచనైనది.

సం/-జిల్లా కలెక్టర్ నల్లగొండ

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ఎడి	టర్

......దినపత్రిక కార్యాలయము .

దీని ప్రతి శ్రీయుత డైరెక్టర్ ఆఫ్ మెడికల్ ఎడ్యుకేషన్, తెలంగాణ హైదరాబాద్ గారికి తగు సమాచార నిమిత్తం.

ANNEXURE

(GUIDELINES FOR ENGAGING THE SERVICES OF PHARMACIST Gr. II AND LAB TECHNICIAN Gr. II ON OUTSOURCING BASIS)

Applications are invited from the eligible candidates for engaging the services of Lab Technician and Pharmacist Gr. II to work under the administrative control of Director of Medical Education, T.S., Hyderabad in Govt. medical College / Govt. General Hospital, Nalgonda on Outsourcing basis, in Nalgonda District for a period up to 31.03.2022, or till the actual need ceases, whichever is earlier.

AGE:

The minimum age is 18 years and maximum age is 34 years and shall be reckoned as on 01-07-2021 with the following relaxations allowed for reckoning the maximumage limit as per rules:

- i) For SCs, STs & BCs 5 (Five) years
- ii) For ex-servicemen 3 (three) years in addition to the length of service inarmed forces.
- iii) Disabled persons 10 (ten) years

PARA-2: EDUCATIONAL QUALIFICATIONS

SI. No	Name of the Post	Qualifications	Pay per month	No. of Staff to be engaged		points
1	Pharmacist Gr-II	Intermediate, D. Pharmacy / B. Pharmacy course and registered with TSPharmacy Council	Enhance d, rates as per the norms.		1 OC (W) 2 SC (W) 3 OC 4 BC A (W) 5 OC 6 OC VH (W) 7 SC 8 ST W	
2	Lab Technician Gr-II	 Intermediate, DMLT (OR) B.SC. (MLT) from recognized institutions. intermediate vocational MLT course and have completed (1) year clinical training in selected Government Hospital in which these students have been permitted to undergo clinical training/completed (1) year Apprentice training in identified Hospitals and awarded "Apprenticeship Completion certificate" by the Board of Apprentice Ship training, Gol, Southern region Chennai. Registered with Paramedical Board 		37	1 OC (W) 2 SC (W) 3 OC 4 BC A (W) 5 OC 6 OC VH (W) 7 SC 8 ST W 9 OC 10 BC B (W) 11 OC 12 OC (W) 13 OC (EX-SER) 14 BC C (W) 15 OC 16 SC 17 OC (W) 18 BC D (W)	19 BC E (W) 20 BC A 21 OC 22 SC (W) 23 OC (W) 24 BC B 25 ST 26 OC 27 SC 28 OC 29 BC A 30 OC (W) 31 OC HH 32 OC 33 ST 34 OC (W) 35 BC B 36 OC 37OC (EX-SER)

- a. Total marks are 100 of which 90 marks will be allotted basing on the marks obtained in qualifying examinations and 10 marks will be awarded for the age after 18 years @ 0.5 marks per year.
- Selection will be based on Order of Merit, RoR and as per the Presidential order by the District Selection Committee.
- c. Applications forms and guidelines can be download from district website https://nalgonda.telangana.gov.in/, College website www.gmcnalgonda.in
- d. Filled in applications will be received from 31.07.2021 to 10.08.2021 by 5.00 PM at. Udayadithya Bhavan, Collectorate Complex, Miryalaguda Road, Nalgonda (in all working days only)

Sd/-District Collector Nalgonda

APPLICATION FOR THE POST OF

CONTRACT/ OUTSOURCING BASIS

Please affix a recent Passport Size Photograph

Name of the Candidate			
Father/Husband Name			
Date of Birth (SSC certificate to be enclosed)			
Gender (Please tick)	Male / Female		
Community Status	SC / ST / BC (A) / BC (B) > BC (C) / BC (D) / BC (E) /		
(Certificate to be enclosed)	OC		
In case of BC Whether belongs to Non-Creamy Layer (Please	YES / NO		
tick)	(Certificate to be enclosed for Yes)		
Whether Physically Handicapped	YES / NO		
	(Certificate to be enclosed for Yes)		
Whether NCC Instructor	YES f NO		
	(Certificate to be enclosed for Yes)		
Address for Communication :			
Mobile No.			
Email Id			

Details of School Education

Class	Year of	Regular /	Name of the School	District of the
	Education	Private		School
1 st				
2 nd				
3 rd				
4 th				
5 th				
6 th				
7 th				
8 th				
9 th				
10 th				

COLLEGE	Year of ducation	Year of Passing	Name of the College & District	Name of th University	
	550				
etails of Registration of					
Registration No	R	egistration Date	Name of the Cor Register		
etails of Marks in qual Consolidated total mar of the Exam	ks Marl	ks obtained by e Candidate	Percentage (%) Obtained/ Grac obtained		
haraby dactara that all the	details pro	DECLARATION DECLAR	<u>on</u> ne above application,		
he best of my knowledge. date, will forfeit my right	1000			e, if noticed at a	
he best of my knowledge.	1000		be responsible for	e, if noticed at a	
he best of my knowledge. date, will forfeit my right	to appoint	ment and I shall	be responsible for Signature o	e, if noticed at a the same.	
he best of my knowledge. date, will forfeit my right Dated:	to appoint	ment and I shall	be responsible for Signature o	e, if noticed at a the same.	
he best of my knowledge. late, will forfeit my right Dated:	to appoint	ment and I shall	be responsible for Signature o	e, if noticed at a the same.	
he best of my knowledge. late, will forfeit my right Dated: ist of Enclosures (Xerox c) SSC MEMO	to appoint	ment and I shall	be responsible for Signature o	e, if noticed at a the same.	
he best of my knowledge. late, will forfeit my right Dated: ist of Euclosures (Xerox e) SSC MEMO) Intermediate MEMO	to appoint	ment and I shall	be responsible for Signature o	e, if noticed at a the same.	
he best of my knowledge. late, will forfeit my right Dated: _ist of Enclosures (Xerox c) SSC MEMO) Intermediate MEMO) Study Conduct 1st to 10th	opies of cer	ment and I shall	be responsible for Signature o	e, if noticed at a the same.	
he best of my knowledge. late, will forfeit my right Dated: ist of Enclosures (Xerox c) SSC MEMO) Intermediate MEMO) Study Conduct 1st to 10th) Caste Certificate	opies of cer	ment and I shall	be responsible for Signature o	e, if noticed at a the same.	
he best of my knowledge. date, will forfeit my right Dated: ist of Enclosures (Xerox c) SSC MEMO) Intermediate MEMO) Study Conduct 1st to 10th) Caste Certificate) Qualifying Exam MEMO	opies of cer	ment and I shall	be responsible for Signature o	e, if noticed at a the same.	

ACKNOWLEDGEMENT TO CANDIDATE

Application for the post of MO/LT/Pharmacist and ANM /MPHA (F) is received from
Name of the Candidate:
Father/Husband Name:
Date of Acknowledgement:
Signature
Seal