# GOVERNMENT OF ANDHRA PRADESH INSURANCE MEDICAL SERVICES DEPARTMENT EMPLOYMENT NOTIFICATION

## Applications are invited for Para Medical Posts in Zone – I, II, IV, V, and VI from qualified candidates.

Zone –I: Consists of: Srikakulam, Vizianagaram and Visakhapatnam Districts
Zone –II: Consists of: East Godavari, West Godavari and Krishna Districts
Zone-IV: Consists of: Kadapa, Chittoor, Ananthapur and Kurnool Districts
Zone Vicinity of: Wasanaga, Khapanaga, Adilahad, and Kasinagaga, Districts

Zone-V: Consists of: Warangal, Khammam, Adilabad, and Karimnagar Districts Zone-VI: Consists of: Hyderabad, Ranga Reddy, Nalgonda, Medak, Nizamabad

and Mahaboobnagar

1. Number of vacancies:

Pharmacist Gr – II - 51
Lab Technician Gr-II - 23

## 2. RULE OF RESERVATION PHARMACIST, GR.II

Name of the Zone	BC-A	BC-A (W)	ВС-В	BC-B (W)	BC-D	BC-E	O.H	VH (W)	OC	OC (W)	OC (Ex)	SC	SC (W)	ST	ST (W)	TOTAL
ZONE-I									1				1		-	2
ZONE-II		1		1				1	4	1		1			1	10
ZONE-IV		1						1	1			1				4
ZONE-V		1		1				1	3	1		1	-		1	9
ZONE-VI	1	1	1	1	2	1	1		8	4	1	3	1		1	26

#### LAB-TECHNICIAN, GR.II

Name of the Zone	BC-A	BC-A (W)	BC-B	BC-B (W)	BC-D	BC-E	O.H	VH (W)	ОС	OC (W)	OC (Ex)	SC	SC (W)	ST	ST (W)	TOTAL
ZONE-II		1						1	2			1				5
ZONE-IV		1						1	2			1				5
ZONE-V		1		1				1	2		-	1			1	7
ZONE-VI		1	1					-	1	1	1	1	1	1	-	6

#### 3. Scale of Pay:

#### 4. Qualifications:

Pharmacist Gr – II: Must Possess a Diploma in Pharmacy or its equivalent

qualification from an Institution which is recognized by Government of A.P and the individual must register in A.P

Pharmacy Council.

Lab Technician Gr – II:

(i). Must have passed Intermediate Course and possess a Certificate of 1 year course of Laboratory Technician from an Institution which is recognized by Government of A.P (or)

(ii). Must possess a certificate of 2 years course of Laboratory Technician from an Institution which is recognized by Government of A.P.

And also the individual must register in A.P. Paramedical Board.

#### 5. Mode of Selection:

- 1). Preliminary screening Test:- A screening Test to shortlist the candidates in the ratio of 1:3 for each post. The test would be for 100 Marks and the questions would be multiple choice questions in the respective qualifying examination standard.
- 2). The second step will be based on the following procedure for a total of 100 Marks:
  - a). 70% of marks for the percentage obtained in the qualifying examination.
  - b).15% of marks for contract employees working in A.P.I.M.S Department only.
    - i) @ 10 Marks per year in Rural Area
    - ii) @ 5 Marks per year in Urban Area
    - iii) Minimum service will be counted if required for 6 months period i.e., 5 marks for rural areas and 2 ½ marks for Urban areas. In case, the experience is less than 6 months, no marks will be awarded to experience.
    - iv) No weightage will be given for the service rendered for less than 6 months.
  - c). 15% of marks for experience i.e., years from the date of passing the qualifying examination. 3 marks for each year up to a maximum of 15 marks.
  - d). There will be no interview.
- 3). **AGE LIMIT:-** 18 years to 36 years as on 1st July'2011 for OCs and 5 years relaxation for BCs,SCs & STs and physically Challenged( as per G.O.Ms.No.1, G.A.(Ser.A) Department, Dt.02-01-2012).
- 4). **Reservations:-** (a) reservation for BCs, SC & STs and Physically Challenged candidates as per rules.
  - (b)70% for locals and 30% for non-locals (Zonal Posts)
  - (c) Non-Local candidates should apply for one Non-Local Zone only.
- 5). **Certificates:**
- (1) General Qualification, (2) Technical Qualification
- (3) Registration Certificate, (4) Study Certificate from 1<sup>st</sup> to 10<sup>th</sup> class (5) Local Status (6) Caste Certificate
- (7) Marks Lists (8) Date of birth proof must be produced
- (9). Service Certificate in respect of contract staff working in I.M.S., Department.
- **8.** Application on a white paper in the prescribed proforma should reach the following address on or before 16.03.2012 by Register post/ Speed Post only. No application will be received directly in this office. All applications received after the due date will be summarily rejected. This office is not responsible for any postal delay. This office is also not responsible for any bundhs/ rastha roko on the last day or in between period. Applications sent through private courier services shall not be accepted. The application should be accompanied by attested Xerox copies of the following certificates.
  - 1. General qualification.
  - 2. Technical Qualification.
  - 3. Study Certificate 1st class to 10th class / Local Status.
  - 4. Caste Certificate issued by concerned MRO.
  - 5. Marks lists of Technical qualifications of all the years.

- 6. Registration certificate in council/Board.
- 7. Proof of date of birth (SSC).
- 8. Service certificate in respect of contract nursing & para medical Staff of Insurance Medical Services Department only.
- 9. (4) passport size photographs (colour) with name on the back of the photo one pasted on application
- 10. Self addressed and stamped envelope (Postage stamp of Rs.10/-) of  $10.5 \times 4.5$  inches size.

Note: Post applied for shall be super scribed on the envelope.

Notification is also available on internet and can be accessed at the address http://www.aponline.gov.in.

#### **ADDRESS**:

To:
The Director,
Insurance Medical Services,
H.No. 6-4-6/8,
Opp: New Gandhi Hospital,
Musheerabad,
Secunderabad – 5000 03.

**Director of Insurance Medical Services** 

## APPLICATION FOR THE PARA MEDICAL RECRUITMENT IN ANDHRA PRADESH INSURANCE MEDICAL SERVICES DEPARTMENT IN ZONE- I, II, IV, V and VI

Post a	pplied f	or :					
Zone.		:			<del></del>		
Emplo	yment l	Registratio	n No:			Pho	oto
	ne of th		t:				
2. Fath	ner's / F	lusband's	Name:				
3. Sex			<u>:</u>				
4. Date	e of Birt	h.	:				
5. Reli	gion.		:				
	ial Stati ST/BC w	us. r <b>ith group/O</b>	c) :				
7. Rela	axation	of Age, if a	any:				
(Late Boar	est certif rd to be	icate issued enclosed)	allenged / Compro I by the Medical I Qualifications:	mised:			
SI. No.	C	Class Year of School & Place / Col Passing Board / Universi				J	District
1.	IV				,		
2.	V						
3.	VI						
4.	VII						
5.	VIII						
6.	IX						
7.	X						
8.	Intern	nediate					
10. Lo	cal n-Loca		e:				
			cademic /Technic				
Type of Qualify Examination (SSC/Intermediate/Techn ical Certificate courses)		Month & Year of passing	Maximum Marks	Marks obtained	Percentage of Marks		
Acad	_						
Tech	emic						
	nical Numbe	·	eted years after	J	echnical Qualit	fication:	
12. Ad Na Ho	Number dress for the large No.	or commur	eted years after nication along wit :	J	echnical Qualif	fication:	
12. Ad Na Ho Vill	Number dress for the sume. Souse No lage/To	or commur	•	J	echnical Qualit	fication:	
12. Ad Na Ho Vill Dis	Number dress for the large No.	or commur wn	•	J	echnical Qualit	fication:	

E-mail ID

#### **DECLARATION**

I hereby declare that the above facts are true and correct. I further declare that if any thing found incorrect, I shall be liable for termination from service with immediate effect without any notice and also liable for legal prosecution.

#### SIGNATURE OF THE CANDIDATE

### **CHECK LIST**

Candidates are requested to arrange the documents in the following order:

Filled in Application form	Yes / No
<ol><li>Attested copy of marks Memo of SSC or Equivalent certificate (Date of Birth and Marks)</li></ol>	Yes / No
Attested copy of Intermediate marks Memo     Academic Qualification examination marks Memo	Yes / No
Academic Qualification examination marks Memos     Attested copy of marks Memos of Technical     Qualification examination (for all the years)	Yes / No
5. Attested copy of Registration certification of Andhra Pradesh Pharmacy Council/Para Medical Board as the case may be.	Yes / No
Attested copy of Diploma / Certificate Course of     Qualifications & Technical examination	Yes / No
7. Attested copy of latest caste certificate (in case SC/ST/BC including group)	Yes / No
8. Attested copy of study certificate from class – I to X Where the candidate has studied./ Local Status	Yes / No
<ol> <li>Attested copy of latest physically.</li> <li>Challenged / Compromised Certificate (if applicable)</li> </ol>	Yes / No
10. In case working on contract basis in Andhra Pradesh Insurance Medical Services Department a certificate in prescribed proforma.	Yes / No
11. A self addressed post card enclosed	Yes/ No
<ol> <li>(4) passport size photographs (colour) with name on the back of the photo one pasted on application</li> </ol>	Yes/No
13. Self addressed and stamped envelope (Postage stamp of Rs.10/-) of 10.5 X 4.5 inches size.	Yes/No

**Director of Insurance Medical Services** 

# SERVICE CERTIFICATE (CONTRACT) [CERTIFICATE TO BE ISSUED BY THE CONTROLLING OFFICER JOINT DIRECTOR / MEDICAL SUPERINTENENT]

This is to certify t	hat Kum / Smt /S	ri	
S/o, D/o, W/o			has been
Working as	in ESI [	Dispensary / Hospital	on contract basis.
The details of ser	rvice are as follow	vs:	
Nature and address of institution	Rural / Urban	Period of service tenure From – To	Reasons for breaking in service, if any
<ol><li>He/She has the</li></ol>	ne following adve		basis are satisfactory /her superiors and the public —
a)			
b)			
c)			
Date:		Signature of with stam	Controlling Officer np
Place:			