GOVERNMENT OF TELANGANA
DISTRICT HEALTH SOCIETY :: MANCHERIAL DISTRICT
RECRUITMENT OF EPIDEMIOLOGIST POST ON OUT-SOURCING BASIS
IN IDSP UNDER NATIONAL HEALTH MISSION (NHM)

1. Applications are invited from eligible candidates in the prescribed “Application Form” for recruitment of Epidemiologist Post initially for (04) months on Out-Sourcing Basis in IDSP under National Health Mission.

2. The Application Form can be downloaded from the District Official Website (www.mancherial.telangana.gov.in) after filled it may be submitted in person at O/o District Medical & Health Officer, Mancherial. The date of receiving of Applications commence from 13-04-2020 at 10.30 am and ends on 14-04-2020 by 5.00 pm.

EDUCATIONAL QUALIFICATION:

I) a. MBBS and Postgraduate Degree or Post Graduate Diploma in Public Health.
   b. Registered with Telangana Medical Counsel (or)
II) Master Degree in Public Health from a Recognized University.
   (or)
III) Master Degree in applied Epidemiologist from Recognized University.

AGE:
The minimum age is (18) years and the maximum age is (44) years, the minimum and maximum age shall reckoned as on 01-07-2019 with the following relaxations allowed for reckoning the maximum age limit as per rules:

i) For SC, ST & BCs : 5 years
ii) For Ex-service men : 3 years in addition to the length of service in armed forces.
iii) Disabled persons : 10 years

REMUNERATION:

<table>
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<tr>
<th>Sl.No.</th>
<th>Post</th>
<th>Remuneration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Epidemiologist</td>
<td>Consolidated remuneration Rs. 50,000/- per month as per ROP-2019-20</td>
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</table>

METHOD OF RECRUITMENT:

For eligible applicants recruitment will be made by awarding 80% of marks for marks obtained in qualifying examination and 20% marks for experience and interview.
ROSTER POINT:

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Name of the Post</th>
<th>No. of Posts</th>
<th>Roster Point</th>
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<tbody>
<tr>
<td>1</td>
<td>Epidemiologist</td>
<td>(01)</td>
<td>1-OC(W)</td>
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In case of non availability of eligible candidate for above reserved roster point, the Chairman & District Collector, District Selection Committee, Mancherial is the competitive Authority to brought forward the Roster Matrix.

3. Application Fee/Registration Fee Rs. 500/- to be paid in form of Demand Draft (DD) in favor of District Medical & Health Officer, Mancherial.
   The Application Fee/Registration Fee is exempted for SC & ST candidates.

4. Self attested copies of the following should be enclosed:
   a) SSC or equivalent Examination Marks Memorandum.
   b) Qualifying Examination Pass Certificate
   MBBS and Postgraduate Degree or Post Graduate Diploma in Public Health/ Master Degree in Public Health/Master Degree in applied Epidemiologist from Recognized University.
   c) Registration Certificate of Telangana Medical Council.
   d) Passport size photograph duly posted in Application Form.

District Medical & Health Officer, Mancherial.

District Collector, Mancherial.
GOVERNMENT OF TELANGANA
DISTRICT HEALTH SOCIETY :: MANCHERIAL DISTRICT
RECRUITMENT OF EPIDEMIOLOGIST POST ON OUT-SOURCING BASIS
IN IDSP UNDER NATIONAL HEALTH MISSION (NHM)

APPLICATION FORM

Registration No: ____________________________ (for Office use only)

1. Name of the Applicant with Surname: ____________________________
   (in Capital Letters only)

2. Name of the Father / Mother / Husband: ____________________________

3. Gender: Please mark
   Male □ Female □

4. Date of Birth: D □ D □ M □ M □ Y □ E □ A □ R


Details of School Education:

<table>
<thead>
<tr>
<th>Class</th>
<th>Year of Passing</th>
<th>Name of the School/Board/University</th>
<th>Name of the District</th>
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<td>PG Degree/Diploma in</td>
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<td>Public Health</td>
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Marks obtained in Qualifying Examination:

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<tr>
<th>Qualifying Examination</th>
<th>Total Marks</th>
<th>Marks obtained</th>
<th>80%</th>
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Address Particulars:

Name: ____________________________
Father/Husband Name: ____________________________
House No.: ____________________________
Street/Village: ____________________________
Mandal: ____________________________
District: ____________________________
Pin Code: ____________________________
Contact No.: ____________________________
E-mail Address: ____________________________

DECLARATION

I, Dr. ____________________________, S/o, D/o ____________________________, declare 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.

Signature of the applicant

Date of Receipt of Application: ____________________________

Signature of the Receiving Clerk.