

NOTIFICATION
GOVERNMENT OF TELANGANA
DISTRICT MEDICAL AND HEALTH OFFICE, MEDAK

NOTIFICATION FOR THE POST MEDICAL OFFICERS (AYUSH)

The undersigned is hereby decided to fill the vacancies of Medical officers Ayush on contract basis for period of One year. Accordingly applications invited from the eligible candidates.

Category of the Post is **MEDICAL OFFICERS (06) (AYUSH)**

Sl no	Post	Multi Zone -I Zone-III	District	To be Recruited
01	AYURVEDA	MZ-I Zone-III	Medak	02
02	UNANI	MZ-I Zone-III	Medak	01
03	HOMOEOPATHY	MZ-I Zone-III	Medak	03
To be Recruit total				06

1. **Consolidated remuneration:** Medical officers (Ayurveda /Homoeopathy/Unani, Naturopathy) Rs.35, 000/-per Month.

2. **Educational Qualification:**

Sl.No.	Name of the Service	Qualification
01	Medical officer - Ayurveda /Homoeopathy/Unani and Naturopathy	i. BAMS/BUMS/BHMS/BNYS ii. Registered with Board of Indian medicine

3. **Time line : The following timelines shall be adhered to**

1	Issue of Notification by District Collector	01-02-2023
2	Last date of receipt of applications	20-02-2023
3	Scrutiny of applications	22-02-2023 to 27-02-2023.
4	Display of Provisional merit list and call for objections	28-02-2023
5	Last Date of receipt of objections and reply to candidate	04-03-2023
6	Display of final merit list and selection list	06-03-2023
7	Conduct counseling and issue of appointment orders	08-03-2023

Note:

1. Selection will be as per MERIT of aggregate marks obtained in all the UG Degree exam (BAMS/BUMS/BHMS/BNYS).
2. Rule of Reservation shall be followed as per Government Orders from time to time.
3. Presidential Orders 2018 is to be followed. As per Presidential Orders, the post of Medical Officer (Ayurveda/Unani/Homoeo/Naturopathy) is a Multi Zonal Posts.
4. Roster is to be followed.

Sd/-
District Medical & Health Officer
Medak District

Sd/-
District Collector & Magistrate
Medak District.



GOVERNMENT OF TELANGANA

OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER MEDAK DIST

APPLICATION FORM

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

POST FOR WHICH APPLICATION MADE:

DISTRICT FOR WHICH APPLIED:

MEDAK

1	Name of the Candidate		PHOTO																	
2.a	Name of the Father																			
2.b	Name of the Mother																			
2.c	Name of Husband / Wife (if married)																			
3	Sex																			
4	Date of Birth																			
5	Social Status (Please tick)	<table border="1"><tr><td>OC</td><td>BC A</td><td>BC B</td><td>BC C</td><td>BC D</td><td>BC E</td><td>SC</td><td>ST</td><td>EWS</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	OC	BC A	BC B	BC C	BC D	BC E	SC	ST	EWS									
OC	BC A	BC B	BC C	BC D	BC E	SC	ST	EWS												
6	Whether Physically Handicapped (Please tick)	YES / NO																		
7	If yes please mention category (Please tick)	HH / OH / VH																		
8	Whether Ex – Service (Man / Women)	YES / NO																		

DETAILS OF SCHOOL EDUCATION:

CLASS	Name of Scholl and station or village	PRASENT IN WHICH DISTRICT
Ist		
II nd		
III rd		
IV th		
V		
VI		
VII		

DISTRICT TO WHICH CANDIDATE BELONGS AS PER PRESIDENTIAL ORDER:

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EDUCATIONAL QUALIFICATION:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERSITY

MARKS OBTAINED IN THE QUALIFYING EXAMINATION:

QUALIFYING EXAMINATION	1ST YEAR MARKS	2ND YEAR MARKS	3rd YEAR MARKS	4TH YEAR MARKS	Total Marks

Name and place of institution _____

ADDRESS PARTICULARS:

NAME	:	
FATHER NAME	:	
HOUSE NO.	:	
STREET	:	
VILLAGE / TOWN	:	
DISTRICT	:	
PIN	:	
CONTACT NO.	:	
E-MAIL ID	:	

MUST AND SHOULD ENCLOSE THE FOLLOWING CERTIFICATES:-

- 1. S.S.C. PASS MARKS MEMO**
- 2. CASTE CERTIFICATE**
- 3. 1ST CLASS TO 7TH CLASS BONAFIDE CERTIFICATES**
- 4. QUALIFIED EXAMINATION MEMOS**
- 5. CERTIFICATE FROM THE REGISTERED COUNCILS**

**SIGNATURE
OF THE CANDIDATE**

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 candidature will be cancelled summarily.

Date: _____

**NAME AND SIGNATURE
OF THE CANDIDATE**

ACKNOWLEDGEMENT

RECEIVED APPLICATION FROM _____ FOR THE
POST OF _____

DATE:- _____

SIGNATURE
O/o DM&HO MEDAK