

**OFFICE OF THE DISTRICT COORDINATOR OF HOSPITAL SERVICES, WEST GODAVARI
DISTRICT, ELURU.**

NOTIFICATION

Under the control of District Coordinator of Hospital Services, West Godavari District, Eluru the following Specialists are required to work at CEMONC Centers as noted below in the West Godavari District on Contract basis as per the instructions of Collector and District Magistrate, West Godavari District.

- 1) No. of OBG Specialists posts : 17
- 2) No. of Paediatrician posts : 7
- 3) No. of Anaesthetist posts : 9

Qualifications :
1. MD OBG /DGO
2. MD Anaesthesia/Diploma in Anaesthesia
3. MD Paediatrics /DCH

Honorarium :
Large Town : 18,000 per month
Small Town : 22,000 per month
Remote Area : 25,000 per month
Tribal Area : 28,000 per month

Application will be available at www.westgodavari.org. The candidates are requested to down load the application from above website and submit the filled in application along with DD for Rs. 200/- (in favour of DCHS., W.G.Dist., Eluru) & attested copies of Educational Qualification Certificates to the District Coordinator of Hospital Services, West Godavari District, Eluru.

Application issue Date : 08.10.2009
Last date for submission of Application : 30.10.2009

**DCHS.,
W.G.Dist.,**

**DM&HO
W.G.Dist.,**

**Collector & Dist. Magistrate,
West Godavari District.**

PROFORMA OF APPLICATION FORM

APPLICATION FOR THE POST OF GYNEACOLOGIST, ANAESTHETIST, PAEDIATRICIAN (SPECIALISTS) IN
CEMONC Centers in West Godavari District,
ON CONTRACT BASIS (IN THE SPECIALITY OF)
Notification No. 1/2009.

(To be filled by Office)

- 1) Name of the Applicant :
(in Block letters)
- 2) Father's Name :
- 3) Sex :
- 4) Date of Birth :
- 5) Relaxation of age if any :
- 6) Details of School (s) :
- 7) Educational Qualifications : (a) **MBBS**

(Attested copies to be enclosed)

Marks :

MBBS Year of Passing :

Name of the College & University :

Maximum Marks in Final Year MBBS (Part I & II) :

Marks obtained :

Regd No. :

- b) Educational Qualifications :
- a) MD, OBG /DGO
 - b) MD, (Anaesthesia/Diploma in Anaesthesia)
 - c) MD, Paediatrics /DCH (Attested copies to be enclosed) :

(Attested copies to be enclosed)

P.G. Degree / Marks :

Diploma :

Year of passing :

- 8) Details of D.D. number and Branch
(200 Rupees for each application in
favour of DCHS., W.G.Dist., Eluru) :
D.D. No. Name of the Bank & Branch :

- 9) Address for communication along with
Pin Code / Phone No :

DECLARATION

I Dr. _____, S/o/D/o _____ Certify that the particulars given above are correct to the best of my knowledge and belief. I also agree that in the even of any of the particulars furnished in my application being found to be in correct of false at a later date my appointment will be cancelled summarily.

SIGNATURE OF THE CANDIDATE