

GOVERNMENT OF ANDHRA PRADESH
MEDICAL EDUCATION DEPARTMENT

From
Superintendent
Government hospital for Mental Care,
Visakhapatnam

To
The District Informatics Officer
NIC Centre, Collector office
Visakhapatnam

Rc. No. 120 /E1/GHMC-VSP/2025

Dt. 07-04 -2025

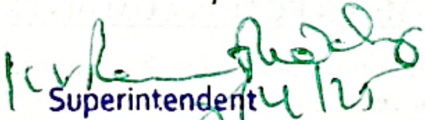
Sir,

Sub: Government Hospital for Mental Care, Visakhapatnam -Publishing of recruitment
notification in Visakhapatnam District Website - Requested -Reg

Ref : 1. Note orders approval of the District Collector & Chairman ,District selection
committee, Visakhapatnam DT 04-04 --2025.

In continuation of the orders issued vide reference cited above, I am herewith submitting detailed
recruitment notification particulars of Chairperson for Government Mental Health Review Board
Visakhapatnam and request you to publish in Visakhapatnam district website i.e [https/ Visakhapatnam.nic.in](https://Visakhapatnam.nic.in)

Yours Faithfully


Superintendent
Govt.Hospital for Mental Care
Visakhapatnam-530 017

RECRUITMENT NOTIFICATION

Applications are invited from the eligible candidates for recruitment of the post of Chairperson on Contract basis for District Mental Health Review Board, at Government hospital for Mental Care Visakhapatnam initially for a period of one year through District Selection Committee.

Vacancies in District Mental Health Review Board, Visakhapatnam

S- No	Post	No. of Posts	Method of appointment
01	Chair person	01	Contract

ACADEMIC AND TECHNICAL QUALIFICATIONS

S.NO	Name of the Post	Qualifications	Allowances / pay	Eligibility Conditions as per section 75 of Mental Health Care Act2017
01.	Chair person	District Judge, or An officer in State Government Services as District Judge Retired District Judge .	Monthly consolidated pay Rs.65000/- per month and vehicle allowances Rs.25000/-	a. Should be an Indian National b. Age not exceeding Sixty -Five years c. Possesses qualification in the relevant subject/field

Fee: Applicant must enclose a demand draft towards application processing fee in favour of **Hospital Development Society, GHMC, Visakhapatnam**

For OC candidates = Rs.500/- And

For SC/ST/BC/Physically challenged candidates = Rs.300/-

PARA – II: SELECTION COMMITTEE

The selection of candidates shall be made by the following committee as per the instructions issued by the government vide G.O.Rt.No. 44 HM &FW Dept, dated: 25.01.2016.

- | | |
|--------------------------------------|-----------------|
| 1. District Collector, Visakhapatnam | Chairperson |
| 2. Joint Collector, Visakhapatnam | Member Convener |
| 3. Superintendent of the hospital | Member |
| 4. DM&HO, Visakhapatnam | Member |
| 5. DCHS, Visakhapatnam- | Member |

The candidates are requested to download the application from the official web site

<https://visakhapatnam.nic.in> and to fill all columns and to submit the filled applications to this office by 16 -04 -2025 by 5pm(which is last date)

Superintendent
Government hospital for Mental Care
Pedda Waltair, Visakhapatnam

<p>GOVERNMENT OF ANDHRAPRADESH HM&FW Department (Notification No: 01/2025, Date:07-04-2025)</p> <p>Recruitment to the posts of CHAIR PERSON to work on Contract basis in District Mental Health Review Board at Government hospital for Mental Care, Visakhapatnam</p>	
<p>Application for the Post of CHAIR PERSON on Contract Basis</p> <p>Application No.(to be filled by the office)</p>	<p>Affix Pass port size latest colour photograph</p>

1	Name of the Candidate	
2	Gender	
3	Father's Name	
4	Date of Birth (DD-MM-YYYY)	
5	Social Status (OC/OC-EWS/SC/ST/BC- A,B,C,D,E)	
6	Whether claiming for service weightage for Contract / Outsourcing service (Enclose contract / outsourcing service certificate)	Yes /No
7	Whether Physically Handicapped (VH/HH/OH) (Enclose SADAREM Certificate)	Yes /No
8	Whether claiming EWS reservation (Enclose Valid certificate)	Yes /No
9	Whether Ex-Servicemen (Enclose Service Certificate)	Yes /No
10	Mobile number of the applicant	
11	DD particulars	DD.No. Date: Amount:
12	<u>Address for communication:</u>	

Details of School studies from 4th Class to 10th Class
(for local status):

Sl. No	Class	Year of passing	Name of the School	Town and District
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			
6	IX			
7	X			

DECLARATION

I, Smt/Kum/Sri.....D/o or S/o or W/o.....do hereby declare that, above particulars furnished by me are true to the best of my knowledge. I agree that in the event of any of the details furnished above being found to be incorrect or false at a later date, my candidature will be forfeited summarily.

Signature of the applicant

APPENDIX-I

CERTIFICATE OF RESIDENCE

(Vide Sub-Clause (ii) of Clause (a) para7 of the Presidential order) It is hereby certified,

(a) That Sri/Srimathi/Kumari _____

S/o.W/o,D/o_____appeared for the first time for the matriculation(S.SC) Examination in (month)_____year;

(b) That he/she has not studied in any educational institution during the whole or a part of the 4 consecutive academic years ending with the academic year in which he/she first appeared for the aforesaid examination;

(c) That in the 4 years immediately preceding the commencement of the aforesaid examination, he/she resided in the following place/places namely,

	Village	Taluk	District	Period
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Station: OFFICE SEAL

Date:

Officer of Revenue Department not
Below the rank of Tahsildar or
Deputy Tahsildar in independent
Charge Of a Sub Taluk

Date:

*Strike off 'whole' 'a part', as the case may be.