

No.A-34012/9/2016/DP&AR(Exam)
GOVERNMENT OF PUDUCHERRY
DEPARTMENT OF PERSONNEL AND ADMINISTRATIVE REFORMS
(PERSONNEL WING)

Puducherry, dated: 12.09.2016.

MEMORANDUM

Sub: Public Services – Conduct of DEPARTMENTAL TEST FOR OFFICERS IN HEALTH DEPARTMENT – Applications – Called for.

- Ref: 1. G.O.Ms.No.16, dated 18.02.2000 of DP&AR (Personnel Wing), Pondicherry read with G.O. Ms. No 111/73 (Exam), dated 29.08.1973, G.O.Ms.No.17, dated 24.01.1974, G.O.Ms.No.38, dated 19.04.1979, G.O.Ms.No.26/81-GAD-Exam, dated 01.04.1981 of the erstwhile General Administration Department, Pondicherry; and
2. G.O.Ms.No.44, dated 23.05.2000 of the DP&AR (Personnel Wing), Pondicherry.

The **Departmental Test for Officers in Health Department** as prescribed in the G.Os. cited is proposed to be conducted tentatively during the month of December, 2016.

2. Only the following categories of officers of the Health & Family Welfare Department of this Administration are eligible to take up the test:-

(i) Medical Officers who belong to General Duty cadre of Puducherry Health Services (Allopathy), (ii) Medical Officers who belong to the Specialist cadre of Puducherry Health Services (Allopathy), (iii) All Dental Doctors, (iv) All Siddha Physicians, (v) All Ayurvedic Physicians, (vi) All Homoeopathy Doctors, (vii) Assistant Drugs Controller, (viii) Bacteriologist, (ix) Senior Biochemist, (x) Biochemist, (xi) Psychiatrists, (xii) Senior Public Analyst, (xiii) Public Analyst, and (xiv) Manufacturing Chemist.

3. The admission of the candidates to the test will be regulated in accordance with the orders contained in G.O.Ms.No.37, dated 15.04.1976 of the GAD, Pondicherry, G.O.Ms.No.16 dated 17.02.1999 of DP&AR(PW), Pondicherry and U.O.Note / Memorandum No.3-1/83-GAD (Exam), dated 04.07.1983 of the GAD, Pondicherry.

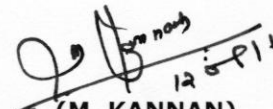
4. Those who have already appeared for the test twice, except Scheduled Castes/ Scheduled Tribes/Ex-Servicemen/Physically Handicapped candidates, should send an Indian Postal Order for Rs.10/- (Rupees ten only) drawn in favour of THE UNDER SECY. TO GOVT., DP&AR(PW), PUDUCHERRY (by designation only) payable at PUDUCHERRY with their applications as admission fee in accordance with the G.Os. cited at para 3 above, failing which their applications will summarily be rejected.

5. In case the official is transferred to other departments / any outlying region after the submission of application, the Department / Office where he / she has been transferred and also the Centre where he / she wants to take up the test should be intimated to this Department immediately. If any request for change of Centre is received after the despatch of the Hall Ticket, the same will not be entertained.

6. The actual date, time and venue of the test will be intimated to the candidates in due course.

7. The Director of Health and Family Welfare Services, Puducherry and the Director of Indian Systems of Medicine & Homoeopathy, Puducherry are requested to bring the contents of this Memorandum to the notice of all Officers / Staff concerned, including those working in Karaikal / Mahe / Yanam and also to those who are on deputation and to forward applications in the prescribed form (specimen enclosed) of Officers / Staff, who are willing and eligible to take-up the test, so as to reach this Department **on or before 11-10-2016** after scrutiny. Applications received after the prescribed date will not be entertained on any account. Applications which are not in the prescribed form or which are found to be defective, will summarily be rejected.

8. This Memorandum, the Syllabus and the previous Question Paper of the test has also been hosted in the official website <http://dpar.puducherry.gov.in> for reference.


(M. KANNAN)

UNDER SECRETARY TO GOVERNMENT
(DP&AR – EXAM)

Encl: As stated.

To

1. The Director of Health and Family Welfare Services, Puducherry.
2. The Director of Indian Systems of Medicine & Homoeopathy, Puducherry.

Last Date for submission of Application: **11-10-2016**

APPLICATION FORM FOR ADMISSION TO THE **Departmental Test for Officers in Health Department**

IMPORTANT NOTE: (i) No column should be left blank. (ii) Any omission will lead to summary rejection of the application and no correspondence will be entertained on this matter.

(To be filled by the candidate's own handwriting)

1. i) Name of the candidate
(In full and **BLOCK CAPITAL**) :
- ii) Candidate's PRAN / GPF Number :
- iii) Candidate's Mobile Number :
- iv) Candidate's E-mail Id :
2. i) Designation :
- ii) Present official address with Office Telephone Number :

- iii) In case the official is on deputation, the name of the
Department / Office from which deputed to be furnished :
3. i) Post held (whether regular or ad-hoc basis) :
- ii) In case the candidate officiates in the present post on
ad-hoc basis, indicate whether he / she hold any other
post on regular basis :
4. Classification of the post :
5. Educational Qualification :
6. i) Whether the candidate belongs to category of Scheduled
Castes / Scheduled Tribes / Ex-Servicemen / Physically
Handicapped (Answer YES or NO) :
- ii) If YES, specify S.C. / S.T. / XSM / P.H. :
7. i) Date of Birth :
- ii) Date of initial appointment with designation :
- iii) Date of appointment in the present post :
8. i) Whether appeared previously for the test (tests conducted
after 15-04-1976 alone need be taken into account) :
(Answer YES or NO) :
- ii) If YES, indicate the Number of attempts already made
with particulars of date of conduct of the test :
9. Fee paid, if any, vide Indian Postal Order Number,
Date and Amount :
10. Name of the Centre in which the candidate is to be
examined (PUDUCHERRY / KARAIKAL / MAHE / YANAM) :

Place:
Date :

SIGNATURE OF THE CANDIDATE

(TO BE FILLED IN BY THE HEAD OF DEPARTMENT / OFFICE)

Certified that the particulars furnished against item Nos. 1 to 8 by Thiru/Tmt./Seivi
_____ (Name of the candidate)
_____ (Designation) have been verified
with reference to the relevant records and found correct.

SIGNATURE OF THE HEAD OF
DEPARTMENT / OFFICE :

Place:
Date : NAME & DESIGNATION WITH SEAL :

Note: (i) Application from deputation staff should be routed through their parent department only.
(ii) For uniformity, **LEGAL** size printout of Application Form is preferred.