

**ANDHRA PRADESH PUBLIC SERVICE COMMISSION: HYDERABAD****NOTIFICATION NO.09/2017, Dt:27/09/2017****CIVIL ASSISTANT SURGEON (SPECIALISTS) IN AP VAIDYA VIDHANA PARISHAD****PARA – 1:**

Applications are invited On-line for recruitment to the post of CIVIL ASSISTANT SURGEONS (SPECIALISTS) IN AP VAIDYA VIDHANA PARISHAD.

The proforma Application will be available on Commission's Website ([www.psc.ap.gov.in](http://www.psc.ap.gov.in)) from **04/10/2017 to 03/11/2017 (Note: 03/11/2017 is the last date for payment of fee up- to 11:59 mid night).**

Before applying for the post, an applicant shall register his/her bio-data particulars through One Time Profile Registration (OTPR) on the Commission's Website viz., [www.psc.ap.gov.in](http://www.psc.ap.gov.in). Once applicant registers his/her particulars, a User ID is generated and sent to his/her registered mobile number and email ID. Applicants need to apply for the post using the OTPR User ID through Commission's website.

The Commission Conducts Screening Test in Off-Line mode in case applicants exceed 25,000 in number and Main Examination in Online-mode for candidates selected in screening test.

If the screening test is to be held, the date of screening test will be communicated through Commission's Website.

The Main Examination is likely to be held On-Line through computer based test on 04/12/2017 & 05/12/2017. There would be objective type questions which are to be answered on computer system. Instructions regarding computer based recruitment test are attached as Annexure - III. In case any paper of the Examination is held in different languages, the candidate has to choose the medium in which he/she wants to write the examination and the paper will be valued with reference to that medium only.

A general Mock Test facility is available to the applicants to acquaint themselves with the computer based recruitment test. Applicant can visit the website and practice the answering pattern under MOCK TEST option available on main page of website [www.psc.ap.gov.in](http://www.psc.ap.gov.in)

HALL TICKETS can be downloaded whenever the Commission uploaded them to its website. Intimation would be given through the website regarding downloaded of Hall Tickets.

All desirous and eligible applicants shall apply **ON-LINE** after satisfying themselves that they are eligible as per the terms and conditions of this recruitment notification. Any application sent through any mode other than the prescribed online mode will not be entertained.

The details are as follows:-

Post Code	Name of the Post	No. of vacancies	Scale of Pay Rs.
01	Civil Assistant surgeon in Gynecology	36	RS.40270 – 93780
02	Civil Assistant surgeon in Anesthesia	24	Rs. 40270 – 93780
03	Civil Assistant surgeon in Pediatrics	24	RS.40270 – 93780
04	Civil Assistant Surgeon in General Medicine	19	RS. 40270 – 93780
05	Civil Assistant Surgeon in General Surgery	08	RS. 40270 – 93780
06	Civil Assistant Surgeon in Orthopedics	03	RS. 40270 – 93780
07	Civil Assistant Surgeon in ENT	07	RS. 40270 – 93780
08	Civil Assistant Surgeon in Pathology	08	RS. 40270 – 93780
<b>Total</b>		<b>129</b>	

**IMPORTANT NOTE:** Distribution of vacancies among roster points is subject to variation and confirmation from the Unit Officer/ Appointing authority.

**(The Details of vacancies viz., Community, Local status and Gender wise (General / Women) along with roster points are given at Annexure-I)**

**PARA-2: EDUCATIONAL QUALIFICATIONS:**

Applicants must possess the qualification in the concerned speciality as given below from a University recognized by Medical Council of India. Applicant must be a permanent registered Medical practitioner within the meaning of the law for the time being existing in the State. For detailed specifications candidates can refer to the APVVP Special Service Regulations vide G.O. Ms. No.48 HM &FW (C1) Dept., Dt.21/09/2009. The candidate shall have the required qualification as on the date of this notification. If any candidate does not possess the qualification, his/ her candidature is not valid.

PC. No	Name of the Post	Educational Qualifications
01	Civil Assistant surgeon in Gynecology	Post Graduation Medical Course in Degree / Diploma in Gynecology MS (OBG), or DNB (OBG) / DGO
02	Civil Assistant surgeon in Anesthesia	Post Graduation Medical Course in Degree / Diploma in Anesthesia MD (Anae), or DNB (Anae) / DA
03	Civil Assistant surgeon in Pediatrics	Post Graduation Medical Course in Degree / Diploma in Pediatrics MD (Paed), or DNB (Paed) / DCH
04	Civil Assistant Surgeon in General Medicine	Post Graduation Medical Course in Degree / Diploma in General Medicine MD (GM), or DNB (GM)
05	Civil Assistant Surgeon in General Surgery	Post Graduation Medical Course in Degree / Diploma in General Surgery MS (GS), or DNB (GS)
06	Civil Assistant Surgeon in Orthopedics	Post Graduation Medical Course in Degree / Diploma in Orthopedics MS (Ortho), or DNB (Ortho) / D. Ortho.
07	Civil Assistant Surgeon in ENT	Post Graduation Medical Course in Degree / Diploma in ENT MS (ENT), or DNB (ENT) /DLO
08	Civil Assistant Surgeon in Pathology	Post Graduation Medical Course in Degree / Diploma in Pathology MD (Path), or DNB (Path) / DCP

**PARA-3 AGE:** No person shall be eligible for direct recruitment if he/she is less than 18 years of age and if he/she is more than 42 years of age as on 01/07/2017.

**(Note:** As per G.O.Ms.No.396 General Administration (Ser-A) dept., Dt.05/11/2016 the upper age limit is raised by 8 years i.e., from 34 to 42 years.)

***Age Relaxation:*** The upper age limit prescribed above is relaxable in the following cases as per Rule 12 (1) (b) State and Subordinate Service Rules.

Sl. No.	Category of candidates	Relaxation of age permissible
1.	Retrenched temporary employees in the State Census Department with a minimum service of 6 months.	3 Years
2.	A.P. State Government Employees (Employees of APSEB, APSRTC, Corporations, Municipalities etc. are not eligible).	5 Years based on the length of regular service.
3.	Ex-Service men including those who are applying for reemployment one year before completion of specified terms of engagement including those covered under rule 2 (16) of AP State and Subordinate Service Rule.	3 years & length of service rendered in the armed forces.
4.	N.C.C (who have worked as Instructor in N.C.C.)	3 Years & length of service rendered in the N.C.C.
5.	SC/ST and BCs	5 Years
6.	Physically Handicapped persons	10 Years

**EXPLANATION:**

After provision of the relaxation of Age in Col. No. 3 of table above; the age shall not exceed

the maximum age prescribed for the post for the candidates at Sl. No. 3 & 4.

The age relaxation for Ex-Servicemen is applicable for those who have been released from Armed Forces otherwise than by way of dismissal or discharge on account of misconduct or inefficiency.

#### **PARA - 4: RESERVATION:**

- A. The specification of a post is determined by the concerned Department with reference to both vertical and horizontal reservations as well as local reservation. The reservations are specified through the indent by the concerned department and the general criteria with regard to reservations are given below.
- B. Every applicant, who belongs to Scheduled Caste, Scheduled Tribe, Backward Class desirous of declaring his Social status as that of a Scheduled Caste, Scheduled Tribe or a Backward Class shall be kept Caste Certificate ready in the prescribed proforma to produce evidence in support of their claim.
- C. Reservation to the Local candidates is applicable as provided in Article 371-D as per G.O.Ms.No.674, G.A (SPF- A) Department, dated.20.10.1975 the Rules and as amended from time to time as in force on the date of notification. The candidates claiming reservation as Local candidates should obtain the required Study Certificate(s) (from IV Class to X Class or SSC) OR Residence Certificate in the proforma prescribed for those candidates who have not studied in any Educational Institutions as the case may be. The relevant certificates with authorized signature shall be produced as and when required.

#### **DEFINITION OF LOCAL CANDIDATE:**

As per G.O.Ms.No.674, General Administration (SPF-A) Department, dated:20.10.1975 "LOCAL CANDIDATE" means a candidate for direct recruitment to any post in relation to that Local area(s) where he/she has studied in Educational Institution(s) for not less than four consecutive academic years prior to and including the year in which he/she appeared for S.S.C or its equivalent examination. If however, he/she has not studied in any educational institution during the above four years period, it is enough if he/she has resided in that area which is claimed as his/her local area during the above said period.

- In case a candidate does not fall within the scope of above then, if he/she has studied for a period of not less than seven years prior to and inclusive of the year in which he/she has studied SSC or its equivalent, he/she will be regarded as local candidate on the basis of the maximum period out of the said period of seven years AND where the period of his/her study in two or more local areas is equal, such local area where he/she has studied last in such equal periods will be taken for determining the local candidature. Similarly, if he/she has not studied during the above said period in any Educational Institution(s) the place of residence during the above period will be taken into consideration and local candidature determined with reference to the maximum period of residence or in the case of equal period where he/she has resided last in such equal periods.
- If the claim for local candidature is based on study, the candidate is required to produce a certificate from the Educational Institution(s) where he/she has studied during the said 4/7-year period. If, however, it is based on residence, a certificate should be obtained from an officer of the Revenue Department not below the rank of a Mandal Revenue Officer in independent charge of a Mandal.
- If, however, a candidate has resided in more than one Mandal during the relevant four/seven years period but within the same District or Zone as the case may be separate certificates from the Mandal Revenue Officers exercising jurisdiction have to be obtained in respect of different areas.
- Candidates who are local to states other than AP are not entitled for any kind of reservation and such candidates shall be considered under OC category and as Non-Local

#### **NOTE:**

- (A) Single certificate, whether of study or residence would suffice for enabling the candidate to apply as a "**LOCAL CANDIDATE**".
- (B) RESIDENCE CERTIFICATE WILL NOT BE ACCEPTED, IF A CANDIDATE HAS STUDIED IN ANY EDUCATIONAL INSTITUTION UPTO S.S.C. OR EQUIVALENT EXAMINATION, SUCH CANDIDATES HAVE TO PRODUCE STUDY CERTIFICATES INVARIABLY. **THE**

**CANDIDATES, WHO ACQUIRED DEGREE FROM OPEN UNIVERSITIES WITHOUT STUDYING SSC/ MATRICULATION OR EQUIVALENT IN EDUCATIONAL INSTITUTIONS, HAVE TO SUBMIT RESIDENCE CERTIFICATE ONLY. EDUCATIONAL INSTITUTIONS MEANS A RECOGNIZED INSTITUTION BY THE GOVERNMENT / UNIVERSITY/COMPETENT AUTHORITY.**

- (C) Candidates are advised to refer provisions of the PRESIDENTIAL ORDER 1975 in this regard
- (D) Candidates who have migrated from Telangana to Andhra Pradesh between 2<sup>nd</sup> June, 2014 and 1<sup>st</sup> June, 2017 as per terms laid out in circular memo No.4136/SPF & MC/2015-5, Dated.08/08/2016 of Government of Andhra Pradesh shall obtain the migration certificate and produce at the time of verification.
- (E) Each of the following zones comprises the districts mentioned against each zone.

**Zones:**

1. **Srikakulam, Visakhapatnam and Vizianagaram. (SKM, VSP,VZM)**
2. **East Godavari, West Godavari and Krishna. (EG, WG, KST)**
3. **Guntur, Prakasam and Nellore. (GNT, PKM, NLR)**
4. **Chittoor, Kadapa, Anantapur and Kurnool. (CTR, KDP, ATP,KNL)**

**PARA - 5 HOW TO APPLY:**

**STEP-I:** Candidates applying for the first time for any notification has to first fill the OTPR application carefully to obtain OTPR ID. While filling the OTPR, the candidates has to ensure that there are no mistakes done. The Commission bears no responsibility for the mistakes, if any, made by the candidates. **(If candidates already have OTPR ID number then he/she can proceed to STEP-II.)**

**STEP-II:** The Applicant has to Login in the Commission's website with the User Name (OTPR ID) and the Password set by Candidate. After Login, the Applicant has to click on the "Online Application Submission" present in the bottom right corner of the commission's website.

**PAYMENT PROCESS:** The Applicant now has to click on the payment link against the Notification Number that he wants to apply. The Basic details required for calculation of the Fee and Age relaxation will be prepopulated from the OTPR data. The Applicant has to verify all the details that were displayed. **Once the Payment form is submitted, the respective details (Used for Calculation of fee and Age relaxation) will not be altered in any stage of application processing.** Hence if any details are to be changed, applicant should use the Modify OTPR link, modify the details, save it and again click on application payment link.

**STEP-III:** After checking all the data and ensuring that the data is correct the applicant has to fill application specific data such as Local/Non Local status, White card details etc., which are also used to calculate the Fee and Age relaxation. Once all the data is filled appropriately, the applicant has to submit the payment form. On successful submission, the payment reference ID is generated and is displayed on the screen. By clicking "OK" the Applicant is shown the various payment options where he/she can select any one among them and complete the payment process as given on the screen.

**STEP-IV:** Once the payment is successful, payment reference ID is generated. Candidates can note the payment reference ID for future correspondence. Thereafter the applicant is directed to the application form. Applicant should provide the payment reference Id generated along with the other details required for filing the application form (other fields like OTPR ID and fees relaxations details will be prepopulated from the data submitted in the payment form for respective notification). The Applicant should check the data displayed thoroughly and should fill the application specific fields like Qualification details, Post preferences, examination centre etc., details carefully and submit the Application form. Once the Application is submitted successfully then Application Receipt is generated. The Applicant is requested to print and save the application receipt for future reference/correspondence.

**NOTE:** Applicant shall note that, the details displayed from OTPR at the time of submitting the application will be considered for the purpose of this notification only. If, any changes are made by the applicant to OTPR data at a later date will not be considered in any case.

**STEP-V:** In any case if the payment process is not submitted successfully, then the applicant should start the fresh payment process as mentioned in STEP-II.

**STEP-VI:** Once the application is submitted successfully, correction in application form will be enabled. The corrections can be made in the application form itself. Fields which affects the Name, fee and age relaxations are not enabled for corrections.

**NOTE:**

The Commission is not responsible, for any omissions by the applicant in bio-data particulars while submitting the application form On-Line. The applicants are therefore, advised to strictly follow the instructions given in the User guide before submitting the application.

All the candidates are requested to submit their application with correct data. It is noticed that some of the candidates are requesting for change in the data, after submission of the application. It is informed that such requests shall be allowed on payment of Rs.100/- (Rupees Hundred Only) for each correction. However changes are not allowed for Name, Fee and age relaxation. No manual application for corrections shall not be entertained. No changes will be allowed after 15 days of last date of applications.

The particulars furnished by the applicant in the Application Form will be taken as final, and data entry processed, based on these particulars. Candidates should, therefore, be very careful in Uploading / Submitting the Application Form Online.

INCOMPLETE/INCORRECT APPLICATION FORM WILL BE SUMMARILY REJECTED. THE INFORMATION IF ANY FURNISHED BY THE CANDIDATE SUBSEQUENTLY WILL NOT BE ENTERTAINED BY THE COMMISSION UNDER ANY CIRCUMSTANCES. APPLICANTS SHOULD BE CAREFUL IN FILLING-UP THE APPLICATION FORM AND SUBMISSION. IF ANY LAPSE IS DETECTED DURING THE SCRUTINY, THE CANDIDATURE WILL BE REJECTED EVEN THOUGH HE/SHE COMES TO THE FINAL STAGE OF RECRUITMENT PROCESS OR EVEN AT A LATER STAGE.

Before Uploading/Submission Application Form, the Candidates should carefully ensure his/her eligibility for this examination. NO RELEVANT COLUMN OF THE APPLICATION FORM SHOULD BE LEFT BLANK; OTHERWISE APPLICATION FORM WILL NOT BE ACCEPTED.

**PARA - 6: (a) FEE:**

***Applicant must pay Rs. 250/- (Rupees Two Hundred and Fifty Only) towards application processing fee and Rs 120/- (Rupees One Hundred and Twenty only) towards Examination Fee.***

However, the following categories of candidates are exempted from payment of examination fee Rs.120/- only.

- SC, ST, BC, PH & Ex-Service Men.
- Families having Household Supply White Card issued by Civil Supplies Department, A.P. Government. (Residents of Andhra Pradesh)
- Un-employed youth in the age group of 18 to 42 years as per G.O.Ms.No.439, G.A (Ser-A) Dept., dated: 18/10/1996 should submit declaration at an appropriate time to the Commission.
- Applicants belonging to the categories mentioned above (except Physically Handicapped Persons & Ex-Service Men) hailing from other States are not entitled for exemption from payment of fee and not entitled for claiming any kind of reservation.
- If any BC candidate defaults to produce BC certificate etc., then automatically, the candidature will be considered under OC category and such candidates are not eligible for claiming Fee exemption.

**b) Mode of Payment of Fee:**

- i) The Fee mentioned in the above paragraph is to be paid online using Payment Gateway using Net Banking/ Credit card / Debit Card. The list of Banks providing service for the purpose of online remittance of Fee will be available on the Website.
- ii) The fee once remitted shall not be refunded or adjusted under any circumstances. Failure to pay the examination fee and application fee (in non-exempt case) will entail total rejection of application.
- iii) IPOs / Demand Drafts are not accepted.
- iv) In case of corrections Rs.100/- per correction will be charged. However changes are not allowed for Name, Fee and age relaxation.

**PARA-7: SCHEME OF EXAMINATION:-** The Scheme & Syllabus for the examination has been shown in Annexure-II.

**PARA - 8: CENTRES FOR THE ON-LINE EXAMINATION (WRITTEN):**

The Examination will be held at **Vijayawada and / or Guntur**. However the Commission reserves the right to allot the applicant to any centre or duly creating a new centre for administrative reasons of examination depending on the availability of the resources like centres / systems.

**PARA – 9 RESOLUTION OF DISPUTES RELATED TO QUESTION PAPER, ANSWER KEY AND OTHER MATTER**

The Commission would publish on its website, the key, after conduct of the examination. Any objections with regard to the key and any other matter shall be filed within one week, of the publication of the key on the website of the Commission, in the prescribed proforma available in the website.

The objections received in the prescribed proforma and within due date will be referred to expert Committee for opinion and to take appropriate decision thereon by the Commission. As per decision of the Commission a revised key will be hosted and further objections only in respect of keys that are revised would be called for period of three working days from the date of publication of revised key. No further objections on original key will be entertained at this stage. The matter will again refer to experts, taking into consideration of opinion of expert Committee, the final key would be hosted on website based on the decision of the Commission.

The objections if any would be examined and the decision of the Commission in this regard shall be final. Any objection filed after expiry of specified time from the date of publication of key / revised key would not be entertained.

**PARA -10 NOTE ON IMPORTANT LEGAL PROVISIONS GOVERNING THE RECRUITMENT PROCESS:**

- **Vacancies:** The recruitment will be made to the notified vacancies only. There shall be no waiting list as per G.O. Ms. No. 81 General Administration (Ser. A) Department, Dated 22/02/1997 and Rule 6 of APPSC Rules of procedure. In any case, no cognizance will be taken by Commission of any vacancies arising or reported after the completion of the selection and recruitment process or the last date as decided by the Commission as far as this Notification is concerned, and these will be further dealt with as per G.O. & Rule cited above.
- The Recruitment will be processed as per this Notification and also as per the Rules and Instructions issued by the Government and also as decided by the Commission from time to time in terms of respective Special Rules/ Adhoc Rules governing the Recruitment applicable in this regard.
- **Rules:** The various conditions and criteria prescribed herein are governed by the General Rules of A.P. State and Subordinate Service Rules, 1996 read with the relevant Special Rules applicable to any particular service in the departments. Any guidelines or clarification is based on the said Rules, and, in case of any necessity, any matter will be processed as per the relevant General and Special Rules in force.
- The Commission is empowered under the provisions of Article 315 and 320 of the Constitution of India read with relevant laws, rules, regulations and executive instructions and all other enabling legal provisions in this regard to conduct examination for appointment to the posts notified herein, duly following the principle of order of merit as per Rule 3(vi) of the APPSC Rules of Procedure read with relevant statutory provisions and ensuring that the whole recruitment and selection process is carried out with utmost regard to maintain secrecy and confidentiality so as to ensure that the principle of merit is scrupulously followed. A candidate shall be disqualified for appointment, if he himself or through relations or friends or any others has canvassed or endeavoured to enlist for his candidature, extraneous support, whether from official or non-official sources for appointment to this service.
- **ZONAL/ LOCAL:** In terms of Para 4 of the G.O., A.P. Public Employment (Organization of Local cadres and Regulations of Direct Recruitment) Order, 1975 (G.O.Ms. No.674, G.A. (SPF-A) Dept., dt.20/10/1975) read with G.O.Ms.No.124, General Administration (SPF-A) Dept., dt.07/03/2002, Government Memo.No.1585/01/2014, dated: 18.08.2014 and other orders / instructions issued by the Government in this regard, the first part shall comprise 40% of the posts consisting of combined merit list of Locals as well as non-locals and the remaining second part shall comprise the balance 60% of the posts consisting of locals only.

- The persons already in Government Service/ Autonomous bodies/ Government aided institutions etc., whether in permanent or temporary capacity or as work charged employees are however required to inform in writing, their Head of Office/ Department that they have applied for this recruitment.
- The Commission is also empowered to invoke the penal provisions of the other Public Examinations (Prevention of Malpractices and Unfair means) Act 25/97 for matters connected therewith or incidental thereto in respect of this Notification. Regulation PME of Commission's regulations issued vide G.O.Ms.No.385, G.A (Ser-A) Dept., Dt.18/10/2016 will also be applicable.
- **Caste & Community:** Community Certificate issued by the competent authority in terms of G.O. Ms No. 58, SW (J) Dept., dt.12/5/97 should be submitted at appropriate time. As per General Rules for State and Subordinate Service Rules, Rule -2(28) Explanation: No person who professes a religion different from Hinduism shall be deemed a member of Schedule Caste. **BCs, SCs & STs belonging to other States are not entitled for reservation. Candidates belonging to other States shall pay the prescribed fee of Rs.120/- (Rupees One hundred and twenty only), along with processing fee of Rs. 250/- (Rupees Two Hundred and Fifty only) through different channels as indicated at Para-6. Otherwise such applications will not be considered and no correspondence on this will be entertained.**
- Reservation and eligibility in terms of General Rule 22 of A.P. State and Subordinate Service Rules are applicable.
- Reservation to Disabled persons is subject to their eligibility to any of the above category of posts and shall be subject to Special Rules/ Adhoc Rules governing the posts. The required extent of deformity and the genuineness of the Medical Certificate and in case of ambiguity or doubt, the same shall be referred to the Appellate Medical Boards as per the instructions of the Government Orders of Hon'ble Supreme Court with reference to reservations for PH will be applied.
- The Reservation to Women will apply as per G.O. Ms. No. 40, DWCD & SC (Prog. II) Dt. 25/07/2016.
- Reservation to BC-E group will be subject to the adjudication of the litigation before the Hon'ble Courts including final orders in Civil Appeal No: (a) 2628-2637 of 2010 in SLP. No. 7388-97 of 2010, dated. 25/03/2010 and orders from the Government.
- Government had issued orders in G.O. Ms. No. 3, Backward Classes Welfare(C-2) Department, Dated 04.04.2006 read with G.O. Ms. No. 26 Backward Classes Welfare(C) Department, Dated 09.12.2013 laying down the criteria to determine Creamy Layer among Backward Classes in order to exclude from the provisions of reservations. Government of Andhra Pradesh has adopted all the criteria to determine the Creamy Layer among Backward Classes as fixed by the Government of India. In view of the Government orders, in G.O. Ms. No. 3, Backward Classes Welfare(C-2) Department, dated 4/4/2006 read with G.O. Ms. No. 26 Backward Classes Welfare(C) Department, Dated 09.12.2013, **the candidates claiming to be belonging to non-creamy layer of Backward Class have to obtain a Certificate regarding their exclusion from the Creamy Layer from the competent authority (Tahasildar) and produce the same at appropriate time of verification. In case of failure to produce the same on the day of verification, the Candidature will be rejected without further correspondence.**

**PARA- 11 Please read the following Annexure appended to the notification before filling the application form**

- Annexure- I- Break up of vacancies
- Annexure- II- Scheme & Syllabus
- Annexure- III- Instructions to candidates
- Annexure- IV- LIST OF SC / ST /BC's

**PARA-12: PROCEDURE OF SELECTION:**

In case screening test is conducted as referred above, based on the Merit in screening test, candidates will be picked up in the **ratio of 50 per one** notified post for the main examination in order of General Merit. In case where no screening test is held, all the eligible applicants would be allowed to appear for the main examination.

Where the candidates get equal number of marks in the screening test if two or more candidates get equal total number of marks, those candidates shall be bracketed. Candidates within the same bracket shall then be ranked 1, 2, 3 etc., according to age i.e., oldest being considered for admission. In case there is tie in age, the person who possess qualifying Degree at earlier date would be considered.

THE SELECTION OF CANDIDATES FOR APPOINTMENT TO THE POSTS SHALL BE BASED ON THE MERIT IN THE COMPUTER BASED EXAMINATION, TO BE HELD AS PER THE SCHEME OF EXAMINATION ENUNCIATED AT PARA 7 ABOVE.

1. The minimum qualifying marks in the examination for consideration of a candidate to the selection process in case of OC category is 40%, BC category is 35% and for SC, ST and PH categories is 30% or as per the relevant rules. The minimum qualifying mark is relaxable in the case of SC/ST at the discretion of the Commission.

2. With regard to situation where there is deletion of questions if any from any paper, scaling (proportionate increase) would be done to the maximum marks prescribed for the paper and the marks would be rounded off to 2 decimals to determine the merit of the candidate.

3. The candidates will be selected and allotted to Service/ Department as per their rank in the merit list and as per Zone / Post preference opted by the applicant at the time of making application to the post online

N.B.: Mere securing of minimum qualifying marks does not confer any right to the candidate for being considered to the selection.

4. Appearance in all the papers is compulsory. Absence in any of the papers will automatically render the disqualification of the candidature.

5. Any candidate shall produce Original documents, as and when called for by the Commission for certificate verification. If any candidate fails to produce the certificates and/or the particulars furnished in the Application do not tally with the Original documents produced by the candidate, his/her candidature will be rejected and he/she would be disqualified without any further correspondence. As candidature for the recruitment is processed through Computer/Electronic devices based on the particulars furnished in the Application Form, the candidate is advised to fill in all the relevant particulars carefully.

6. While the Commission calls for preference of candidates in respect of Posts in the Application Form, it is hereby clarified that the said preferences are only indicative for being considered to the extent possible but not binding or limiting the Commission's powers enjoyed under Article 315 and 320 of the Constitution of India. Therefore, the Commission has the power to assign a successful candidate to any of the notified posts for which he is considered by them to be qualified and eligible, subject to fulfilling the selection criterion.

7. The appointment of selected candidates will be subject to their being found medically fit in the appropriate medical classification, and if he/she is of sound health, active habits free from any bodily defect or infirmity.

#### **PARA-13: DEBARMENT:**

- Candidates should make sure of their eligibility to the post applied for and that the declaration made by them in the format of application regarding their eligibility is correct in all respects. Any candidate furnishing in-correct information or making false declaration regarding his/her eligibility at any stage or suppressing any information is liable TO BE DEBARRED UPTO FIVE YEARS FROM APPEARING FOR ANY OF THE EXAMINATIONS CONDUCTED BY THE COMMISSION, and summary rejection of their candidature for this recruitment.
- The Penal Provisions of Act 25/97 published in the A.P. Gazette No. 35, Part-IV.B Extraordinary dated: 21/08/1997 shall be invoked if malpractice and unfair means are noticed at any stage of the recruitment. Further candidates shall be liable for penalty as per G.O.Ms.No.385,G.A.(Ser. A) Dept., Dt.18/10/2016. The Chief Superintendent of the examination centre is authorized to take decision in case of malpractice or usage of unfair means or creation of disturbance or use of physical force by any candidate and report the matter to the competent authority as well as register a police case.
- The Commission is vested with the constitutional duty of conducting recruitment and selection as per rules duly maintaining utmost secrecy and confidentiality in this process and any attempt by anyone causing or likely to cause breach of this constitutional duty in such manner or by such action as to violate or likely to violate the fair practices followed and ensured by the Commission will be sufficient cause for rendering such questionable means as ground for debarment and penal consequences as per law and rules as per decision of the Commission.
- If any candidate is or has been found impersonating or procuring impersonation by any person or resorting to any other irregular or improper means in connection with his / her



candidature for selection or obtaining support of candidature by any means, such a candidate may in addition to rendering himself/ herself liable to criminal prosecution, be liable to be debarred permanently from any exam or selection held by the Service Commissions in the country.

- **MEMORANDUM OF MARKS:** Answer key would be published on the website and also as marks of each candidate are also displayed on website. No separate memorandum of marks would be issued.

**PARA-14: COMMISSION'S DECISION TO BE FINAL:**

The decision of the Commission in all aspects and all respects pertaining to the application and its acceptance or rejection as the case may be, conduct of examination and at all consequent stages culminating in the selection or otherwise of any candidate shall be final in all respects and binding on all concerned, under the powers vested with it under Article 315 and 320 of the Constitution of India. Commission also reserves its right to alter and modify the terms and conditions laid down in the notification for conducting the various stages up to selection, duly intimating details thereof to all concerned, as warranted by any unforeseen circumstances arising during the course of this process, or as deemed necessary by the Commission at any stage.

HYDERABAD  
DATE:27/09/2017

Sd/-  
SECRETARY

**ANNEXURE - I****BREAK-UP OF VACANCIES FOR THE POST OF CIVIL ASSISTANT SURGEON  
(SPECIALISTS) IN AP VAIDYA VIDHANA PARISHAD****P.C.No.01: - CIVIL ASSISTANT SURGEON IN GYNECOLOGY**

<b>Category</b>	<b>Back log vacancies</b>				<b>Fresh Vacancies</b>				
	<b>Non-Local</b>		<b>Local</b>		<b>Non-Local</b>		<b>Local</b>		<b>Total</b>
	<b>G</b>	<b>W</b>	<b>G</b>	<b>W</b>	<b>G</b>	<b>W</b>	<b>G</b>	<b>W</b>	
OC	-	-	-	-	2	2	5	3	12
BC-A	-	-	-	-	1	-	1	-	2
BC-B	-	-	-	-	1	-	1	-	2
BC-D	-	-	-	-	-	1	1	-	2
BC-E	1	-	1	-	-	1	-	-	3
SC	-	-	-	-	-	1	2	-	3
ST	-	-	-	-	1	-	1	-	2
VH	1	-	3	-	-	-	-	-	4
HH	1	-	2	-	-	-	1	-	4
OH	1	-	1	-	-	-	-	-	2
<b>TOTAL</b>	<b>4</b>	<b>-</b>	<b>7</b>	<b>-</b>	<b>5</b>	<b>5</b>	<b>12</b>	<b>3</b>	<b>36</b>
	<b>4</b>		<b>7</b>		<b>10</b>		<b>15</b>		

**NL - Open for all Zones i.e., Zone-I to Zone-IV** Vide Govt., Memo No.1585/01/2014, Dated:18/08/2014.

**L - Reserved for Respective Zones (Zonal representation).** Vide G.O.674, Dated.20/10/1975, G.O.P. 763, Dated.15/11/1975 with G.O.Ms.No.124, Dated.07/03/2002 & Govt., Memo No.1585/01/2014, Dated.18/08/2014.

Zonal representation shall be followed as follows: Zone-I- 20%, Zone-II-28%. Zone-III- 24% & Zone-IV- 28%.

**CIVIL ASSISTANT SURGEON IN GYNECOLOGY**

**NO.OF VACANCIES - 36**

**ROSTER POINTS**

**Backlog vacancies – 11**

S.No.	Roster Point / Cycle	Roster Caste
1.	6/1	VH (NL)
2.	31/1	HH (NL)
3.	56/2	OH (NL)
4.	44/3	BC-E (NL)
5.	6/2	VH (L)
6.	31/2	HH (L)
7.	6/3	VH (L)
8.	31/3	HH (L)
9.	56/3	OH (L)
10.	69/3	BC-E (L)
11.	6/4	VH (L)
<b>Fresh vacancies - 25</b>		
12.	17/4	OC (w) (NL)
13.	18/4	BC-D (W) (NL)
14.	19/4	BC-E (W) (NL)
15.	20/4	BC-A (NL)
16.	21/4	OC (NL)

17.	22/4	SC(W) (NL)
18.	23/4	OC(W) (NL)
19.	24/4	BC-B (NL)
20.	25/4	ST (NL)
21.	26/4	OC (NL)
22.	27/4	SC (L)
23.	28/4	OC (L)
24.	29/4	BC-A (L)
25.	30/4	OC –W (L)
26.	31/4	HH (L)
27.	32/4	OC (L)
28.	33/4	ST (L)
29.	34/4	OC –W (L)
30.	35/4	BC-B (L)
31.	36/4	OC (L)
32.	37/4	OC (L)
33.	38/4	OC – W (L)
34.	39/4	BC-D (L)
35.	40/4	OC (L)
36.	41/4	SC (L)

**P.C.No.02: - CIVIL ASSISTANT SURGEON IN ANESTHESIA**

**ANESTHESIA-24**

<b>Category</b>	<b>Back log vacancies:09</b>				<b>Fresh Vacancies:15</b>				
	<b>Non-Local</b>		<b>Local</b>		<b>Non-Local</b>		<b>Local</b>		<b>Total</b>
	<b>G</b>	<b>W</b>	<b>G</b>	<b>W</b>	<b>G</b>	<b>W</b>	<b>G</b>	<b>W</b>	
OC	-	-	-	-	2	2	3	-	7
BC-A	-	-	-	-	-	-	-	1	1
BC-B	-	-	-	-	1	-	-	-	1
BC-D	-	-	-	-	-	-	2	-	2
BC-E	-	1	2	1	-	-	1	-	5
SC	-	-	-	-	-	-	1	1	2
ST	-	-	-	-	1	-	-	-	1
VH	1	-	1	-	-	-	-	-	2
HH	1	-	2	-	-	-	-	-	3
OH	-	-	-	-	-	-	-	-	-
<b>TOTAL</b>	<b>2</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>7</b>	<b>2</b>	<b>24</b>

**NL - Open for all Zones i.e., Zone-I to Zone-IV. Vide** Govt., Memo No.1585/01/2014, Dated:18/08/2014.

**L - Reserved for Respective Zones (Zonal representation). Vide** G.O.674, Dated:20/10/1975, G.O.P.763, Dated:15/11/1975 with G.O.Ms.No.124, Dated:07/03/2002 & Govt., Memo No.1585/01/2014, Dated:18/08/2014.

Zonal representation shall be followed as follows: Zone-I- 20%, Zone-II-28%. Zone-III- 24% & Zone-IV- 28%.

**CIVIL ASSISTANT SURGEON IN ANESTHESIA****NO.OF VACANCIES – 24****ROSTER POINTS****Backlog vacancies – 09**

<b>S.No</b>	<b>Roster Point / Cycle</b>	<b>Roster Caste</b>
1.	31/1	HH (L)
2.	6/2	VH(L)
3.	19/2	BC - E (W) (NL)
4.	31/2	HH (NL)
5.	44/2	BC- E (L)
6.	94/2	BC-E (L)
7.	6/3	VH (NL)
8.	19/3	BC-E (W) (L)
9.	31/3	HH (L)
<b>FRESH VACANCIES - 15</b>		
10.	33/3	ST (NL)
11.	34/3	OC- (W) (NL)
12.	35/3	BC-B (NL)
13.	36/3	OC (NL)
14.	37/3	OC (NL)
15.	38/3	OC – (W) (NL)
16.	39/3	BC-D (L)
17.	40/3	OC (L)
18.	41/3	SC (L)
19.	42/3	OC (L)
20.	43/3	BC-D (L)
21.	44/3	BC-E (L)
22.	45/3	BC-A (W) (L)
23.	46/3	OC (L)
24.	47/3	SC – (W) (L)

**P.C.No.03: - CIVIL ASSISTANT SURGEON IN PEDIATRICS**

**PEDIATRICS-24**

<b>Category</b>	<b>Back log vacancies</b>				<b>Fresh Vacancies</b>				
	<b>Non-Local</b>		<b>Local</b>		<b>Non-Local</b>		<b>Local</b>		<b>Total</b>
	<b>G</b>	<b>W</b>	<b>G</b>	<b>W</b>	<b>G</b>	<b>W</b>	<b>G</b>	<b>W</b>	
OC	-	-	-	-	2	1	4	2	9
BC-A	-	-	-	-	-	1	1	-	2
BC-B	-	-	-	-	-	1	1	-	2
BC-D	-	-	-	1	-	-	-	-	1
BC-E	-	-	-	1	-	-	-	-	1
SC	-	-	-	-	-	1	1	-	2
ST	-	-	-	-	-	-	-	1	1
VH	2	-	1	-	-	-	-	-	3
HH	2	-	-	-	-	-	-	-	2
OH	-	-	-	-	-	-	-	1	1
<b>TOTAL</b>	<b>4</b>	<b>-</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>7</b>	<b>4</b>	<b>24</b>

**NL - Open for all Zones i.e., Zone-I to Zone-IV. Vide** Govt., Memo No.1585/01/2014, Dated:18/08/2014.

**L- Reserved for Respective Zones (Zonal representation).** Vide G.O.674, Dated:20/10/1975, G.O.P. 763, Dated:15/11/1975 with G.O.Ms.No.124, Dated:07/03/2002 & Govt., Memo No.1585/01/2014, Dated:18/08/2014.

Zonal representation shall be followed as follows: Zone-I- 20%, Zone-II-28%. Zone-III- 24% & Zone-IV- 28%.

**CIVIL ASSISTANT SURGEON IN PEDIATRICS**

**NO.OF VACANCIES – 24**

**ROSTER POINTS**

**Backlog vacancies – 07**

S.No	Roster Point / Cycle	Roster Caste
1.	6/1	VH (NL)
2.	31/1	HH(NL)
3.	6/2	VH (L)
4.	6/3	VH (NL)
5.	18/3	BC- D (W) (L)
6.	19/3	BC-E (W) (L)
7.	31/3	HH (NL)
<b>FRESH VACANCIES - 17</b>		
8.	45/3	BC –A (W) (NL)
9	46/3	OC (NL)
.10.	47/3	SC – (W) (NL)
11.	48/3	OC (NL)
12.	49/3	BC-B (W) (NL)
13.	50/3	OC –(W) (NL)
14.	51/3	OC (L)
15.	52/3	SC (L)
16.	53/3	OC (L)
17.	54/3	BC-A (L)
18.	55/3	OC – (W) (L)
19.	56/3	OH – (W) (L)
20.	57/3	OC (L)
21.	58/3	ST – (W) (L)
22.	59/3	OC – (W) (L)
23.	60/3	BC- B (L)
24.	61/3	OC (L)

**P.C.No.04: - CIVIL ASSISTANT SURGEON IN GENERAL MEDICINE****BACK LOG VACANCIES -GENERAL MEDICINE**

Category	Back log vacancies				Total
	Non-Local		Local		
	G	W	G	W	
OC	1	1	-	4	6
BC-B	-	1	-	-	1
BC-C	-	-	1	-	1
SC	-	2	1	2	5
ST	-	1	-	1	2
VH	1	-	1	-	2
HH	-	-	2	-	2
TOTAL	2	5	5	7	19

**NL-Open for all Zones i.e., Zone-I to Zone-IV. Vide** Govt., Memo No.1585/01/2014, Dated:18/08/2014.

**L- Reserved for Respective Zones(Zonal representation). Vide** G.O.674, Dated:20/10/1975, G.O.P. 763, Dated:15/11/1975 with G.O.Ms.No.124, Dated:07/03/2002 & Govt., Memo No.1585/01/2014, Dated:18/08/2014.

Zonal representation shall be followed as follows: Zone-I- 20%, Zone-II-28%. Zone-III- 24% & Zone-IV- 28%.



**CIVIL ASSISTANT SURGEON IN GENERAL MEDICINE****NO.OF VACANCIES – 19****ROSTER POINTS****Backlog vacancies – 19**

S.No	Roster Point / Cycle	Roster Caste
1.	06/1	VH (NL)
2.	31/1	HH (L)
3.	47/1	SC – (W) (NL)
4.	49/1	BC-B (W) (NL)
5.	58/1	ST – (W) (NL)
6.	66/1	SC- (W) (NL)
7.	87/1	SC- (W) (L)
8.	01/2	OC – (W) (L)
9.	02/2	SC – (W) (L)
10.	06/2	VH (L)
11.	08/2	ST – (W) (L)
12.	12/2	OC – (W) (L)
13.	14/2	BC –C (L)
14.	17/2	OC – (W) (L)
15.	21/2	OC (NL)
16.	23/2	OC (W) (NL)
17.	27/2	SC (L)
18.	30/2	OC (W) (L)
19.	31/2	HH (L)

**P.C.No.05: - CIVIL ASSISTANT SURGEON IN GENERAL SURGERY****Back log Vacancies- GENERAL SURGERY**

Category	Non-Local		Local		Grand Total
	G	W	G	W	
OC	-	2	-	-	2
BC-B	-	1	-	-	1
BC-D	-	-	-	1	1
SC	-	1	-	-	1
ST	-	-	-	1	1
VH	1	-	-	-	1
HH	-	-	1	-	1
<b>TOTAL</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>8</b>

**NL-Open for all Zones i.e., Zone-I to Zone-IV.** Vide Govt., Memo No.1585/01/2014, Dated:18/08/2014.

**L- Reserved for Respective Zones(Zonal representation).** Vide G.O.674, Dated:20/10/1975, G.O.P. 763, Dated:15/11/1975 with G.O.Ms.No.124, Dated:07/03/2002 & Govt., Memo No.1585/01/2014, Dated:18/08/2014.

Zonal representation shall be followed as follows: Zone-I- 20%, Zone-II-28%. Zone-III- 24% & Zone-IV- 28%.

**CIVIL ASSISTANT SURGEON IN GENERAL SURGERY**

**NO.OF VACANCIES – 08**

**ROSTER POINTS**

**Backlog vacancies – 08**

S.No	Roster Point / Cycle	Roster Caste
1.	06/1	VH (NL)
2.	31/1	HH (L)
3.	58/1	ST (W) (L)
4.	64/1	BC-D (W) (L)
5.	78/1	OC (W) (NL)
6.	81/1	BC-B (W) (NL)
7.	84/1	OC (W) (NL)
8.	87/1	SC (W) (NL)

**P.C.No.06: - CIVIL ASSISTANT SURGEON IN ORTHOPEDICS**

**BACK LOG VACANCIES -ORTHOPEDICS**

Category	Non-Local		Local		Grand Total
	G	W	G	W	
BC-A	-	1	-	-	1
SC	-	1	-	-	1
VH	1	-	-	-	1
<b>TOTAL</b>	<b>1</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>3</b>

**NL-Open for all Zones i.e., Zone-I to Zone-IV. Vide** Govt., Memo No.1585/01/2014, Dated:18/08/2014.

**L- Reserved for Respective Zones(Zonal representation). Vide** G.O.674, Dated:20/10/1975, G.O.P. 763, Dated:15/11/1975 with G.O.Ms.No.124, Dated:07/03/2002 & Govt., Memo No.1585/01/2014, Dated:18/08/2014.

Zonal representation shall be followed as follows: Zone-I- 20%, Zone-II-28%. Zone-III- 24% & Zone-IV- 28%.

**CIVIL ASSISTANT SURGEON IN ORTHOPEDICS**

**NO.OF VACANCIES – 03**

**ROSTER POINTS**

**Backlog vacancies – 03**

S.No	Roster Point / Cycle	Roster Caste
1.	02/1	SC (W) (NL)
2.	04/1	BC- A (W) (NL)
3.	06/1	VH (NL)

**P.C.No.07: - CIVIL ASSISTANT SURGEON IN ENT**  
**ENT**

Category	Back log vacancies				Fresh Vacancies				
	Non-Local		Local		Non-Local		Local		Total
	G	W	G	W	G	W	G	W	
OC	-	-	-	-	-	-	1	1	2
BC-A	-	-	-	-	-	-	1	-	1
BC-D	-	1	-	-	-	-	-	-	1
BC-E	-	1	-	-	-	-	-	-	1
SC	-	-	-	1	1	-	-	-	2
<b>TOTAL</b>	-	<b>2</b>	-	<b>1</b>	<b>1</b>	-	<b>2</b>	<b>1</b>	<b>7</b>

**NL - Open for all Zones i.e., Zone-I to Zone-IV.** Vide Govt., Memo No.1585/01/2014, Dated:18/08/2014.

**L- Reserved for Respective Zones (Zonal representation).** Vide G.O.674, Dated.20/10/1975, G.O.P. 763, Dated.15/11/1975 with G.O.Ms.No.124, Dt.07/03/2002 & Govt., Memo No.1585/01/2014, Dated:18/08/2014.

Zonal representation shall be followed as follows: Zone-I- 20%, Zone-II-28%. Zone-III- 24% & Zone-IV- 28%.

**CIVIL ASSISTANT SURGEON IN ENT**

**NO.OF VACANCIES – 07**

**ROSTER POINTS**

**Backlog vacancies – 03**

S.No	Roster Point / Cycle	Roster Caste
1.	18/1	BC- D (W) (NL)
2.	19/1	BC- E (W) (NL)
3.	22/1	SC (W) (L)
<b>FRESH VACANCIES - 04</b>		
4.	27/1	SC (NL)
5.	28/1	OC (L)
6.	29/1	BC-A (L)
7.	30/1	OC (W) (L)

**P.C.No.08: - CIVIL ASSISTANT SURGEON IN PATHOLOGY**

**BACK LOG VACANCIES- PATHOLOGY**

Category	Non-Local		Local		Total
	G	W	G	W	
OC	-	-	-	-	-
BC-A	-	-	-	1	1
BC-D	-	1	-	-	1
BC-E	-	-	1	1	2
SC	-	-	-	-	-
ST	-	-	-	1	1
VH	1	-	-	-	1
HH	-	-	1	-	1
OH	-	-	1	-	1
<b>TOTAL</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>8</b>

**NL-Open for all Zones i.e., Zone-I to Zone-IV.** Vide Govt., Memo No.1585/01/2014, Dated:18/08/2014.

**L- Reserved for Respective Zones(Zonal representation).** Vide G.O.674, Dated:20/10/1975, G.O.P. 763, Dated:15/11/1975 with G.O.Ms.No.124, Dated:07/03/2002 & Govt., Memo No.1585/01/2014, Dated:18/08/2014.

Zonal representation shall be followed as follows: Zone-I- 20%, Zone-II-28%. Zone-III- 24% & Zone-IV- 28%.



**CIVIL ASSISTANT SURGEON IN PATHOLOGY**

**NO.OF VACANCIES – 08**

**ROSTER POINTS**

**Backlog vacancies – 08**

S.No	Roster Point / Cycle	Roster Caste
1.	06/1	VH (NL)
2.	19/1	BC-E (W) (L)
3.	31/1	HH (L)
4.	45/1	BC- A(W) (L)
5.	56/1	OH (L)
6.	58/1	ST (W) (L)
7.	64/1	BC –D (W) (NL)
8.	69/1	BC – E (L)

**ANNEXURE - II****SCHEME AND SYLLABUS FOR THE POST OF CIVIL ASSISTANT SURGEON  
(SPECIALISTS) IN AP****VAIDYA VIDHANA PARISHAD****Scheme of Examination**

<b>WRITTEN (Objective Type) EXAMINATION</b>		<b>Max. Marks</b>	<b>No. of Qns</b>	<b>Duration</b>
PAPER-I	GENERAL STUDIES & MENTALABILITY (English and Telugu medium )	150 Marks	150 Questions	150 Minutes
PAPER-II	SUBJECT: (Medical Science, General Medicine and General surgery) (Common to all) (English medium only)	150 Marks	150 Questions	150 Minutes
PAPER -III	Concerned Subject (English medium only)	150 Marks	150 Questions	150 Minutes
<b>Total:</b>		<b>450 Marks</b>		
<p><b><u>NOTE-I:</u></b> As per G.O.Ms. No.235 Finance (HR-1, Plg &amp; Policy) Dept, Dt:06/12/2016, for each wrong answer will be penalized with 1/3<sup>rd</sup> of the marks prescribed for the question.</p> <p><b><u>NOTE-II:</u></b> Where the examination is held in more than one language medium, the candidate has to select the medium opted by him/her in the application form itself. The candidate's paper will be evaluated only with reference to that medium.</p>				

**SYLLABUS****PAPER-I****GENERAL STUDIES AND MENTAL ABILITY**

1. Events of national and international importance.
2. Current affairs- international, national and regional.
3. General Science and its applications to the day to day life and Contemporary developments in Science & Technology and Information Technology
4. Social- economic and political history of modern India with emphases on Indian national movement.
5. Indian constitution, polity and governance: constitutional issues, public policy, reforms and e - governance initiatives.
6. Economic development in India since independence and Economy of Andhra Pradesh.
7. Geography of India and of Andhra Pradesh.
8. Disaster management including vulnerability profile, prevention and mitigation strategies and application of Remote Sensing and GIS in the assessment of Disasters.
9. Sustainable Development and Environmental Protection
10. Logical reasoning, analytical ability and data interpretation.
11. Data Analysis: Tabulation of data Visual representation of data Basic data analysis (Summary Statistics such as mean and variance, coefficient of variation, standard deviation etc.,) and Interpretation

12. Bifurcation of Andhra Pradesh and its Administrative, Economic, Social, Cultural, Political, and legal implications/problems, including

- a). Loss of capital city, challenges in building new capital and it's financial implications.
- b). Division and rebuilding of common Institutions.
- c). Division of employees, their relocation and nativity issues.
- d). Effect of bifurcation on commerce and entrepreneurs.
- e). Implications to financial resources of state government.
- f). Task of post-bifurcation infrastructure development and opportunities for investments.
- g). Socioeconomic, cultural and demographic impact of bifurcation.
- h). Impact of bifurcation on river water sharing and consequential issues.
- i). AP REORGANISATION ACT, 2014 on AP and the arbitrariness of certain provisions.

## **PAPER-II (Common to all)**

**Subject: (MEDICAL SCIENCE, GENERAL MEDICINE AND GENERAL SURGERY)**

**HUMAN ANATOMY:** Gross and microscopic anatomy and movements of shoulder hip and knee joints – Gross and microscopic anatomy and blood supply of lungs, heart, kidneys, liver, testis and uterus – Gross anatomy of pelvis, perineum and inguinal region, Cross sectional anatomy of the body at mid-thoracic, upper abdominal, mid-abdominal and pelvic regions. Major steps in the development of lung, heart, kidney, urinary bladder, uterus, ovary, testis and their common congenital abnormalities – Placenta and placental barrier – Neural pathways for cutaneous sensations and vision cranial nerves iii, iv, v, vi, vii, x; distribution and clinical significance - Anatomy of the automatic control of gastrointestinal respiratory and reproductive systems.

**HUMAN PHYSIOLOGY:** Nerve and muscle excitation, conduction and transmission of impulse; mechanism of contraction; neuromuscular transmission - Synaptic transmission, reflexes, control of equilibrium posture and muscle tone. Descending pathways; functions of cerebellum, basal ganglia, reticular formation, hypothalamus limbic system and cerebral cortex – Physiology of sleep and consciousness: E.E.G. – Higher functions of the brain – Vision and hearing – Mechanism of action of hormones; formation, secretion, transport, metabolism, functions and regulation of secretion of pancreas and pituitary glands – Menstrual cycle; lactation, pregnancy – Development regulation and fate of blood cells – Cardiac excitation; spread of cardiac impulse, E.C.G. cardiac output, blood pressure, Regulation of Cardiovascular functions – Mechanics of respiration and regulation of respiration – Digestion and absorption of food, regulation of secretion and motility of gastrointestinal tract – Glomerular and tubular functions of kidney – Blood groups, Rh grouping, blood transfusion, and Blood volume.

**BIOCHEMISTRY:** pH and pK Henderson – Hasselbalch equation – Properties and regulation of enzyme activity; role of high energy phosphates in bioenergetics – Sources, daily requirements, action and toxicity of vitamins – Metabolism of Lipids, carbohydrates, proteins; disorders of their metabolism – Chemical nature, structure, synthesis and functions of nucleic acids and proteins – distribution and regulation of body water and minerals including trace elements – Acid base balance – Clinical importance of enzymes. **PATHOLOGY;** Reaction of cell and tissue of injury; inflammation and repair, disturbances of growth and cancer; genetic diseases – Pathogenesis and histopathology of; rheumatic and ischaemic heart disease – bronchogenic carcinoma, carcinoma breast, oral cancer, cancer colon – Etiology, pathogenesis and histopathology of: Peptic ulcer – Cirrhosis liver – Glomerulonephritis – Lobar pneumonia – Acute osteomyelitis – Hepatitis – acute pancreatitis – FINE needle aspiration

cytology(FNAC) – MICROBIOLOGY: Growth of micro-organisms; sterilization and disinfection bacterial genetics; virus-cell interactions – Immunological principles; acquired immunity; immunity in infections caused by viruses – Diseases caused by and laboratory diagnosis of staphylococcus Enterococcus; Salmonella; Shigella; Edcherichia; Pseudomonas, Vibrio; Adenoviruses; Herpes viruses (including Rubella); Fungi Protozoa; Helminths – AIDS – diagnostic procedure – PHARMACOLOGY: Drug receptor interaction, mechanism of drug action – Mechanism of action, dosage, metabolism and side effects of the – Pilocarpine, Terbutaline, Metoprolol, Diazepam, Acetylsalicylic Acid Ibuprofen, Furosemide, Metronidazole, Chloroquin, - Mechanism of action, dosage and toxicity of the antibiotics: Ampicillin, Cephalexin, Doxycycline, Chloramphenicol, Rifampin, Cefotaxime – Indications, dosage, side-effects and contraindications of the following anti-cancer drugs:- Methotrexate, vincristin, Tamoxifen – Classification, route of administration, mechanism of action and side effects of the :- General anaesthetics, Hypnotics, Analgesics – Forensic Medicine and Toxicology: Forensic examination of injuries and wounds – Physical and chemical examination of blood and seminal stains – Details of forensic examination for establishing identification of persons, pregnancy, abortion rape and virginity.

**GENERAL MEDICINES:-** 1. Disorders of CNS: Meningitis Encephalitis, Cerebrovascular diseases epilepsy, Neoplasms - 2. Disorders of CVS - Rheumatic, Ischaemic and congenital heart diseases, Hypertension \_ 3. Respiratory diseases – Acute and Chronic infections, bronchial asthma, Neoplasms, Industrial diseases – 4. Excretory systems – Acute glomerulo Nephrities, Nephrotic syndrome, chronic pyelonephritis and renal failure – 5. Gastro-Intestinal disorders – Acid Peptic diseases, Malabsorption syndromes, viral hepatitis, Cirrhosis of liver pancreatitis - 6. Hematological diseases – Anemias, Coagulation failures, Leukemias, Lymphomas, Hodgkins disease – 7. Metabolic disorders – Diabetes, Thyroid disorders, parathyroid diseases – 8. Miscellaneous – Skin disorders – Allergies, Drug reactions, parasitic infestations, Psychiatric disorders: Schizophrenia and depression – 9. Community Medicine – Malaria, Filaria and various national Health programmes – Leprosy, T.B., S.T.D. including AIDS – Parasitic infestations – Hook worm, round worm, Guinea worm, Amoebiasis – 10. Nutritional disorders – Normal nutrition, and deficiency diseases in India.

**GENERAL SURGERY:** 1. Cervical lymphnodes, parotid tumour and oral cancers – 2. Peripheral arterial diseases – varicose veins, Filariasis – 3. Dysfunctions of Thyroid, Parathyroid adrenal tumors and the surgical aspects – 4. Abscess breast and cancer breast – 5. Acute and Chronic Appendicitis bleeding peptic ulcer, T.B. of bowel intestinal obstructions – 6. Renal mass, retention of Urine Benign Prostatic Hypertrophy – 7. Spleno-Megaly, Chronic Cholecystitis portal Hypertension liver abscess peritonitis, Cancer head of Panchreas – 8. Direct and indirect Inguinal Hernias and their complications – 9. Fracture of Femur, Spine Poly trauma and their management.

**OBSTETRIC AND GYNECOLOGY + FAMILY PLANNING:** 1. Diagnosis of Pregnancy, Antenatal Screening for high-risk pregnancy, Feto-placental development – 2. Labour management, complications of 3<sup>rd</sup> stage, post partum hemorrhage, Inversion, Resuscitation of the new born and premature baby – 3. Diagnosis and management of Pregnancy – induced – hypertension Eclampsia, anemias – 4. Principles of contraceptive methods – Intrauterine Device oral pills, Tubectomy and Vasectomy. Medical termination of pregnancy including its legal aspects and complications – 5. Etiology, Clinical features, diagnosis and mass screening of cancer cervix leucorrhea, Infertility, Abnormal Uterine bleeding, Amenorrhoea – 6. Miscellaneous: Objectives, components of National Health and Family Welfare Programmes – Maternal and Child health – Family welfare – Nutrition – Immunisations – Population trends and its effect on health and Development.

## **Paper –III (Concerned Subject)**

### **1. OBSTETRICS AND GYNECOLOGY**

#### **Basic Sciences**

- Normal & abnormal development, structure and function of (female & male) urogenital system and female breast
- Applied Anatomy of genito-urinary system, abdomen, pelvis, pelvis floor, anterior abdominal wall, upper thigh (inguinal ligament, inguinal canal, vulva, rectum and anal canal).
- Physiology of Spermatogenesis.
- Endocrinology related to male and female reproduction. (Neurotransmitters).
- (Anatomy &) physiology of urinary & lower GI (Rectum I anal canal) tract. Development, structure & function of placenta, umbilical cord & amniotic fluid.
- Anatomical & physiological changes in female genital tract during pregnancy.
- Anatomy of fetus, fetal growth-& development, fetal physiology & fetal circulation.
- Physiological & Neuro-endocrinal changes during puberty, adolescence, menstruation, ovulation, fertilization, climacteric & menopause.
- Biochemical and endocrine changes during pregnancy, including systemic changes in cardiovascular, hematological, renal hepatic, renal, hepatic and other systems.
- Biophysical and biochemical changes in uterus and cervix during pregnancy & labour.
- Pharmacology of identified drugs used during pregnancy, labour, post partum period in reference to their absorption, distribution, excretion, (hepatic) metabolism, transfer of the drugs across the placenta, effect of the drugs (used) on labour, on fetus, their excretion, (hepatic) metabolism, transfer of the drugs across the placenta, effect of the drugs (used) on labour, on fetus, their excretion through breast milk.
- Mechanism of action, excretion, metabolism of identified drugs used in the management of Gynaecological disorder.
- Role of hormones in Obstetrics & Gynaecology
- Markers in Obstetric & Gynaecology – Non neoplastic and Neoplastic Diseases
- Pathophysiology of ovaries, fallopian tubes, uterus, cervix, vagina and external genitalia in healthy and diseased conditions.
- Normal and abnormal pathology of placenta, umbilical cord, amniotic fluid and fetus
- Normal and abnormal microbiology of genital tract. Bacterial, viral & parasitical infections responsible for maternal, fetal and gynaecological disorders.
- Humoral and cellular immunology in Obstetrics & Gynaecology.
- Gametogenesis, fertilization, implantation & Early development of embryo.
- Normal Pregnancy, physiological changes during pregnancy, labour & puerperium.
- Immunology of pregnancy.
- Lactation.

#### **Medical genetics:**

- Basic medical genetics including cytogenetics.
- Pattern of inheritance
- Chromosomal abnormalities – types, incidence, diagnosis, management and risk of recurrence
- General principals of Teratology
- Screening, counseling and prevention of developmental abnormalities.
- Birth defects – genetics, teratology & counseling.

**Antenatal Care:**

- Prenatal care of normal pregnancy including examination, nutrition, immunization & follow up.
- Identification and management of complications and complicated of pregnancy – Abortion, Ectopic pregnancy, Vesicular mole, Gestational Trophoblastic Diseases, Hyperemesis gravidarum, Multiple pregnancy, Ante Partum Hemorrhage, Pregnancy Induced Hypertension, Pre-eclampsia, Eclampsia, other associated hypertensive disorders, Anemia, Rh incompatibility, Diabetes, Heart disease, Renal & hepatic disease, Preterm and Post term pregnancies, Intra Uterine Fetal Growth Retardation.
- Neurological, hematological, dermatological diseases, immunological disorders and other medical & surgical disorders/ problems associated with pregnancy, multiple pregnancies, Hydramnios, Oligohydramnios.
- Diagnosis of contracted pelvis (CPD) and its management.
- High-risk pregnancy -
  - Pregnancy associated with complications, medical & surgical problems,
  - Preterm labour, premature rupture of membranes and Prolonged gestation.
  - Blood group incompatibilities.
  - Recurrent pregnancy wastage.
- Evaluation of fetal & maternal health in complicated pregnancy by making use of diagnostic modalities including modern ones (USG, Doppler, Electronic monitors) and plan for safe delivery for mother and fetus. Identifying fetus at risk & its management.
- Infections in pregnancy. (Bacterial, viral, fungal, protozoal)
  - Malaria, Toxoplasmosis.
  - Viral- Rubella, CMV, Herpes, HIV, Hepatic viral infections (B, C etc)
  - Sexually transmitted infections. (STDs)
  - Mother to fetal transmission of infections.
- Identification & management of fetal malpositions and malpresentations
- Management of pregnancies complicated by medical, surgical (with other specialties as required) & gynecological diseases.
  - Anemia, hematological disorders
  - Respiratory, Heart, Renal, Liver, skin diseases.
  - Gastro Intestinal, Hypertensive, Autoimmune, Endocrine disorders.
  - Associated Surgical Problems.
- Acute Abdomen (surgical emergencies - appendicitis & GI emergencies). Other associated surgical problems.
  - Gynaecological disorders associated with pregnancy - congenital genital tract developmental anomalies, Gynaec pathologies - fibroid uterus, Carcinoma Cervix, Genital prolapse etc.
  - Prenatal diagnosis (of fetal problems & abnormalities), treatment - Fetal therapy
  - M.T.P act and P.N.D.T act etc
  - Vital statistics
  - Recent advances in Obstetrics

**Intrapartum care:**

- Normal labour - mechanism & management.
- Partographic monitoring of labour progress, recognition of abnormal labour and its appropriate management.
- Identification and conduct of abnormal labour and complicated delivery-breech, forceps delivery, caesarian section, destructive operations.
- Induction and augmentation of labour.

- Management of abnormal labour – Abnormal pelvis, soft tissue abnormalities of birth canal, mal-presentation, mal-positions of fetus, abnormal uterine action, obstructed labour and other dystocias.
- Analgesia & anaesthesia in labour
- Maternal & fetal monitoring in normal & abnormal labour (including electronic fetal monitoring).
- Identification and management of intra partum complications, Cord presentation, complication of 3<sup>rd</sup> stage of labour – Retained placenta, Inversion of uterus, Rupture of uterus, Post Partum Hemorrhage.

#### **Post Partum**

- Complication of 3<sup>rd</sup> stage of labour - retained placenta, inversion of uterus, post partum hemorrhage, rupture of uterus, Management of primary & secondary post partum hemorrhage, Retained placenta, uterine inversion. Post-partum collapse, Amniotic fluid embolism.
- Identification & management of genital tract trauma – perineal tear, cervical/vaginal tear, episiotomy complications, rupture uterus.
- Management of critically ill woman.
- Post partum shock, sepsis & psychosis.
- Post partum contraception.
- Breast feeding practice; counseling & importance of breast-feeding. Problems in breast-feeding and their management, Baby friendly practices.
- Problems of newborn – at birth (resuscitation), management of early neonatal problems.
- Normal and abnormal puerperium – sepsis, thrombophlebitis, mastitis, psychosis.
- Hematological problems in Obstetrics including coagulation disorders.
- Use of blood and blood components/products.

#### **NEW BORN**

- Care of new born: Normal and high risk new born (including NICU care).
- Asphyxia and neonatal resuscitation.
- Neonatal sepsis - prevention, detection & management.
- Neonatal hyper-bilirubinemia - investigation & management.
- Birth trauma - Detection & management.
- Detection and management of fetal/neonatal malformation.
- Management of common neonatal problems.

#### **CLINICAL GYNAECOLOGY**

- Epidemiology and aetiology of gynaecological disorders.
- Diagnostic modalities and management of common benign and malignant gynaecological diseases (diseases of genital tract):
- Fibroid uterus
- Endometriosis & Adenomyosis
- Endometrial hyperplasia
- Genital Prolapse (uterine & vaginal)
- Cervical erosion, cervicitis, cervical polyps, cervical neoplasia (CIN).
- Vaginal cysts, vaginal infections, vaginal neoplasia (VIN)
- Benign Ovarian pathologies
- Malignant genital neoplasia – of Ovary, Fallopian Tubes, uterus, Cervix, Vagina,
- Vulva and Gestational Trophoblastic diseases, Ca. Breast.
- Diagnosis and surgical management of clinical conditions related to congenital

malformations of genital tract. Reconstructive surgery in gynaecology.

- Intersex, ambiguous sex and chromosomal abnormalities.
- Reproductive endocrinology: Evaluation of Primary / secondary Amenorrhea, management of Hyperprolactenemia, Hirsutism, Chronic anovulation, PCOD, thyroid and other endocrine dysfunctions.
  - Infertility – Evaluation and management.
  - Methods of Ovulation Induction
  - Tubal (Micro) surgery
  - Management of immunological factors of Infertility
  - Male infertility
  - Obesity & other Infertility problems.
- Introductory knowledge of Advanced Assisted reproductive Techniques (ART)
- Reproductive tract Infections: Prevention, diagnosis & treatment of
  - HIV
  - STD and Other Infections
  - Genital Tuberculosis
- ▶ Principals of radiotherapy and chemotherapy in gynaecological malignancies. Choice, schedule of administration & complications of such therapies.
- ▶ Rational approach in diagnosis and management of endocrinal abnormalities such as: menstrual abnormalities, amenorrhea (primary/secondary), dysfunctional uterine bleeding, polycystic ovarian disease, hyperprolactenemia (galactorrhoea), hyperandrogenism, thyroid – pituitary –adrenal disorders, menopause and its treatment (HRT)
- ▶ Urological problems in Gynaecology – Diagnosis and management.
  - Urinary tract infection
  - Incontinence and Urogenital Fistulae
  - Other urological problems
- ▶ Orthopedic problems in Gynaecology
- ▶ Menopause: management (HRT) and prevention of its complications
- ▶ Endoscopy (Laparoscopy - Hysteroscopy)
  - Diagnostic & simple therapeutic procedures
  - Recent advances in gynaecology - Diagnostic & therapeutic
  - Pediatric, Adolescent & Geriatric Gynaecology
  - Introduction to Advance Operative procedures.

#### **OPERATIVE GYNAECOLOGY**

- Abdominal Hysterectomy
- Vaginal Hysterectomy
- Surgical Procedures for genital prolapse, fibromyoma, endometriosis, ovarian, adenexal, uterine, cervical, vaginal and vulval pathologies.
- Urinary incontinence.
- Surgical treatment for urinary & other fistulae
- Operative Endoscopy.

#### **FAMILY WELFARE & DEMOGRAPHY**

- Definition of demography and its importance in Obstetrics and Gynaecology.
- Statistics regarding maternal mortality, Perinatal mortality / morbidity, birth rate, fertility rate.
- Organizational and operational aspects of National health policies & programs, in relation to population and family welfare including RCH.
- Various temporary and permanent methods of male and female contraceptive methods.
- Knowledge of in contraceptive techniques (including Recent advances in contraceptive



technology)

**Temporary methods like :**

- Chemical contraceptives and Barrier methods
- Hormonal contraception
- IUCD

**Permanent methods like :** Tubectomy - Laparoscopic Sterilisation

- Mini lap. tubal ligation

**Reconstructive surgeries like**

- Tuboplasty
- Vaso Vasostomy

- Medical termination of pregnancy: act, its implementation, providing safe and adequate abortion services.
- Demography & population dynamics.
- Contraception (fertility control)

#### **Male & Female Infertility**

- History taking, examination and investigation.
- Causes and management of male infertility.
- Indications, procedures of Assisted Reproductive Techniques in relation to male infertility problems.

#### **Health of Adolescent girls and Post Menopausal women**

- Recognize importance of good health of adolescent and postmenopausal women.
- Identification and management of health problems of postmenopausal women.
- Understanding and planning and intervention program of social, educational and health needs of adolescent girls & menopausal women.
- Education regarding rights and confidentiality of women's health, specifically related to reproductive function, sexuality, contraception and safe abortion.
- Geriatric problems.

#### **Reproductive tract and 'HIV' Infection**

- Epidemiology of RTI and HIV infection in Indian women of reproductive age group.
- Cause, effect and management of these infections.
- HIV infections in pregnancy, its effects and management.
- Relationship of RTI & HIV with gynaecological disorders.
- Planning and implementation of preventive strategies.

#### **Medico legal Aspects**

- Knowledge and correct application of various acts and laws while practicing obstetrics and gynaecology, particularly,
- MTP act and sterilization, Preconception and P.N.D.T. Act.
- Knowledge of importance of proper recording of facts about history, examination findings, investigation reports and treatment administered in all patients.
- Knowledge of steps recommended for examination and management of rape cases.
- Knowledge of steps taken in the event of death of a patient.

#### **Environment and Health**

- Concept of safe disposal of human body fluids and other materials.
- Effect of environment on pregnancy outcome.

**Practical aspects of the subject including case record writing, various diagnostic tests and basic knowledge of functioning of clinical instruments related to the subject.**

## 2. ANESTHESIA

- History of Anaesthesiology.
- Basic Sciences related to Anaesthesia including Anatomy, Physiology, Pharmacology, Biochemistry, Pathology, Immunology and Genetics.
- Medicine applied to Anaesthesiology.
- Physics related to Anaesthesiology, Electronics and Lasers in Anaesthesiology. Computer, Internet / Medline and its uses and applications.
- **Anaesthesiology.**
- Pre anaesthetic evaluation and preparation.
- Principles and Practice of Anaesthesiology including pre, per and post operative care of patients belonging to General Surgery, Obstetrics and Gynecology, ENT, Ophthalmology, Orthopedics, and other super specialties like Cardio thoracic Surgery, Neurosurgery, Plastic Surgery and Surgical Endocrinology, Surgical Oncology, Pediatric, Urology, Dental Surgery, Laparoscopic Surgery, Organ transplantation etc.
- Blood transfusion-Fluid and Electrolyte balance, - Acid Base Balance.
- Fires and Explosion in operation theatre.
- Operation Theatre sterilization procedures.
- Different methods of anaesthetic techniques.
- Regional anaesthesia including spinal, epidural and caudal etc.
- Local Anaesthesia including peripheral nerve blocks and sympathetic nerve block, etc.
- Complications in Anaesthesiology and their management both per and post operatively.
- Pain Clinic organization and management. Pain pathway and management of acute and chronic pain.
- Respiratory therapy and management of both acute and chronic respiratory insufficiencies and ventilator commitments in intensive care unit, surgical intensive care unit, medical intensive care unit, neuro surgical intensive care unit and trauma care.
- Critical Care Anaesthesiology and Trauma Care Unit and Resuscitation.
  - Anaesthesia in abnormal environments like high altitude anaesthesia etc.
  - Anaesthesia for day care surgery.
  - Anaesthesia for diagnostic procedure like endoscopies, Computerized Tomography Scan (C.T. Scan) Magnetic Resonance Imaging (M.R.I.) etc.
- Informed consent/ medico-legal issues: understanding the implications of acts of omission and commission in practice. Issues regarding consumer protection act. Implications in medico-legal cases.
- Communication skills with colleagues, teachers, patients, and patients relatives.
- Principles of anaesthesia audit, understanding the audit process and outcome; methods adopted for the same.
- Principles of Evidence Based Medicine and its application in anaesthetic practice.
- Medical ethics/social responsibilities of the anesthesiologists.
- Record keeping: Ability to keep records as scientifically as possible; with the knowledge of computer.
- Medical Audit: ability to maintain track of records and audit the results and economics
- Basic sciences related to anesthesiology: Theoretical knowledge, frequent visits to anatomy dissection halls and museum, Physiology laboratories etc., to revise the relevant subjects.
- Theoretical knowledge of Anaesthesiology and Resuscitation: Special emphasis on clinical examination of patients, learning clinical methods, arriving at correct diagnosis.

Basic knowledge about Computers in Anaesthesia, Medline, Internet.

- Bio Statistics.
- Medical Audit.
- Medico-legal Aspects.
- Research Methodology.
- Evidence Based Medicine.
- Medical Ethics and Social responsibilities of Anesthesiologists

### Anaesthesia Skills

- Pre anaesthetic evaluation.
- Monitoring of patients throughout perioperative period. Become skilled in using and interpreting the following routine noninvasive monitors intra operatively
- Electro Cardiography (ECG) with ST segment analysis
- Non Invasive Blood Pressure monitoring (NIBP)
- Capnograph: values and changes in waveform
- Pulse oximetry: values and changes in waveform
- Neuromuscular blockade monitor
- Central Venous Pressure, values and waveform
- Setting up of anaesthesia machine, monitor and ventilator.
- Conduct of anaesthesia for major surgeries; knowledge about the complications of anaesthesia.
- Assisting for short anaesthesia initially and later on doing independently under supervision
- Conduct of anaesthesia in Out Patient Department (OPD) and in remote areas
- Cardio Pulmonary Resuscitation (CPR) training and mastering of Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS).

Theoretical knowledge of allied subjects, subspecialties of anaesthesia. Assisting senior anesthesiologists in specialized branches like pediatric surgery, cardio thoracic surgery, Neuro anaesthesia, Plastic surgery, and other specialties in anaesthesia and critical care trauma etc.

#### Anaesthetic Skills:

- a) Anaesthetizing patients without assistance but under supervision.
- b) Identifying the complication of anaesthesia and manage them independently but under supervision.
- c) Setting up of anaesthesia machine, monitor and ventilator independently.

**Practical aspects of the subject including case record writing, various diagnostic tests and basic knowledge of functioning of clinical instruments related to the subject.**

## 3. PEDIATRICS

### Basic Sciences

- Principles of inheritance, chromosomal disorders, single gene disorders, multifactorial/polygenic disorders, genetic diagnosis and prenatal diagnosis, pedigree drawing
- Embryogenesis of different organ system especially heart, genitourinary system, gastrointestinal tract Applied anatomy and functions of different organ systems
- Physiology of micturition and defecation; placental physiology; fetal and neonatal circulation; regulation of temperature, blood pressure, acid base balance, fluid electrolyte balance and calcium metabolism
- Vitamins and their functions
- Hematopoiesis, hemostasis, bilirubin metabolism
- Growth and development at different ages, growth charts; puberty and its regulation
- Nutrition, requirements and sources of various nutrients
- Pharmacokinetics of common drugs, microbial agents and their epidemiology
- Basic immunology, ethical and medico-legal issues

**Understanding, where necessary, the definition, epidemiology, etiopathogenesis, presentation, complications, differential diagnosis and treatment of the following, but not limited to:**

### Growth and development

- principles of growth and development
- normal growth and development,
- abnormal growth and development
- sexual maturation and its disturbances
- failure to thrive and short stature
- Autism

### **Neonatology**

- perinatal care
- low birth weight
- care in the labor room and resuscitation
- newborn feeding
- prematurity
- respiratory distress
- common transient phenomena
- apnea
- infections
- anemia and bleeding disorders
- jaundice
- gastrointestinal disorders
- neurologic disorders
- malformations
- renal disorders
- understanding of perinatal medicine
- thermoregulation and its disorders

### **Nutrition**

- maternal nutritional disorders;
- nutrition for the low birth weight
- impact on fetal outcome
- breast feeding
- infant feeding including
- vitamin and mineral deficiencies complementary feeding
- protein energy malnutrition
- obesity
- adolescent nutrition
- parenteral and enteral nutrition
- nutritional management of systemic illness (GI, hepatic, renal illness)

### **Cardiovascular**

- congenital heart diseases
- rheumatic fever and rheumatic heart (cyanotic and acyanotic) disease
- infective endocarditis
- arrhythmia
- disease of myocardium
- diseases of pericardium (cardiomyopathy, myocarditis)
- systemic hypertension

### **Respiratory**

- congenital and acquired disorders of nose
- infections of upper respiratory tract tonsils and adenoids
- obstructive sleep apnea
- congenital anomalies of lower respiratory tract
- acute upper airway obstruction
- foreign body in larynx trachea & bronchus
- subglottic stenosis (acute, chronic)
- asthma
- pneumonia, bronchiolitis
- aspiration pneumonia, GER

- recurrent, interstitial pneumonia
- suppurative lung disease
- atelectasis
- lung cysts, mediastinal mass
- diseases of pleura

#### **Gastrointestinal and liver disease**

- disease of oral cavity
- disorders of deglutition and esophagus
- peptic ulcer disease
- congenital pyloric stenosis
- intestinal obstruction
- acute & chronic pancreatic disorders
- malabsorption syndrome
- acute, persistent and chronic diarrhea
- irritable bowel syndrome
- inflammatory bowel disease
- Hirschsprung disease
- anorectal malformations
- hepatitis
- hepatic failure
- chronic liver disease
- Budd-Chiari syndrome
- metabolic diseases of liver
- cirrhosis and portal hypertension

#### **Nephrologic and Urologic disorders**

- acute and chronic glomerulonephritis
- nephrotic syndrome
- hemolytic uremic syndrome
- urinary tract infection
- VUR and renal scarring
- involvement in systemic diseases
- renal tubular disorders
- neurogenic bladder, voiding dysfunction
- congenital and hereditary renal disorders
- renal and bladder stones
- posterior urethral valves
- hydronephrosis
- undescended testis, hernia, hydrocoele
- Wilms tumor

#### **Neurologic disorders**

- seizure and non-seizure paroxysmal events
- epilepsy, epileptic syndromes
- meningitis, encephalitis
- brain abscess
- febrile encephalopathies
- Guillain-Barre syndrome
- neurocysticercosis and other neuroinfestations
- HIV encephalopathy
- SSPE
- cerebral palsy
- neurometabolic disorders
- neurodegenerative disorders
- neuromuscular disorders
- mental retardation
- learning disabilities

- muscular dystrophies
- acute flaccid paralysis and AFP surveillance
- malformations
- movement disorders
- Tumors

### **Hematology & Oncology**

- deficiency anemias
- hemolytic anemias
- aplastic anemia
- pancytopenia
- thrombocytopenia
- disorders of hemostasis
- blood component therapy
- transfusion related infections
- bone marrow transplant/stem cell transplant
- acute and chronic leukemia
- myelodysplastic syndrome
- Lymphoma
- neuroblastoma
- hypercoagulable states

### **Endocrinology**

- hypopituitarism/hyperpituitarism
- diabetes insipidus
- pubertal disorders
- hypo- and hyper-thyroidism
- adrenal insufficiency
- Cushing's syndrome
- adrenogenital syndromes
- diabetes mellitus
- hypoglycemia
- short stature
- gonadal dysfunction and intersexuality
- obesity

### **Infections**

- bacterial (including tuberculosis)
- viral (including HIV)
- fungal
- parasitic
- rickettsial
- mycoplasma
- protozoal and parasitic
- nosocomial infections
- control of epidemics and infection prevention
- safe disposal of infective material

### **Emergency and Critical Care**

- emergency care of shock
- cardio-respiratory arrest
- respiratory failure
- acute renal failure
- status epilepticus
- acute severe asthma
- fluid and electrolyte disturbances
- acid-base disturbances
- poisoning
- accidents
- scorpion and snake bites

**Immunology and Rheumatology**

- arthritis (acute and chronic)
- vasculitides
- immunodeficiency syndromes
- systemic lupus erythematosus

**ENT**

- acute and chronic otitis media
- hearing loss
- post-diphtheritic palatal palsy
- acute/chronic tonsillitis/adenoids
- allergic rhinitis/sinusitis
- foreign body

**Skin Diseases**

- exanthematous illnesses
- vascular lesions
- pigment disorders
- vesicobullous disorders
- infections
- Steven-Johnson syndrome
- atopic, seborrheic dermatitis
- drug rash
- alopecia
- ichthyosis

**Eye problems**

- refraction & accommodation
- partial/total loss of vision
- Cataract
- night blindness
- strabismus
- conjunctival and corneal disorders
- disorders of retina, including tumors

**Behavioral and Developmental disorders**

- rumination, pica
- enuresis, encopresis
- sleep disorders
- habit disorders
- breath holding spells
- anxiety disorders
- mood disorders
- temper tantrums
- attention deficit hyperactivity disorders
- autism

**Social/Community Pediatrics**

- National health programs related to child health
- IMNCI
- Vaccines: constituents, efficacy, storage, contraindications and adverse reactions
- rationale and methodology of pulse polio immunization
- child labor, abuse, neglect
- adoption
- disability and rehabilitation
- rights of the child
- National policy of child health and population
- juvenile delinquency
- Principles of prevention, control of infections (food, water, soil, vector borne)

- Investigation of an epidemic

### **Orthopedics**

- major congenital orthopedic deformities
- bone and joint infections
- common bone tumors

### **Approach to Clinical Problems**

#### **Growth and development**

- precocious and delayed puberty
- developmental delay
- impaired learning

#### **Neonatology**

- low birth weight newborn
- sick newborn

#### **Nutrition**

- lactation management and complementary
- protein energy malnutrition feeding (underweight, wasting, stunting)
- failure to thrive and micronutrient deficiencies

#### **Cardiovascular**

- Murmur
- cyanosis
- congestive heart failure
- systemic hypertension
- arrhythmia
- shock

#### **GIT and Liver**

- Acute diarrhea
- persistent and chronic diarrhea
- abdominal pain and distension
- ascites
- vomiting
- constipation
- gastrointestinal bleeding
- jaundice
- hepatosplenomegaly
- hepatic failure and encephalopathy

#### **Respiratory**

- Cough/chronic cough
- hemoptysis
- wheezy child
- respiratory distress

#### **Infections**

- acute onset pyrexia
- prolonged pyrexia with and
- recurrent infections without localizing signs
- nosocomial infections
- fever with exanthem

#### **Renal**

- Hematuria/dysuria
- bladder/bowel incontinence
- voiding dysfunctions
- renal failure (acute and chronic)
- hypertension

#### **Hematology and Oncology**

- anemia
- bleeding



**Neurology**

- limping child
- convulsions
- paraplegia, quadriplegia
- cerebral palsy
- macrocephaly and microcephaly
- floppy infant
- acute flaccid paralysis
- headache

**Endocrine**

- thyroid swelling
- ambiguous genitalia
- obesity
- short stature

**Miscellaneous**

- skin rash
- lymphadenopathy
- epistaxis
- proptosis
- arthralgia, arthritis

**Practical aspects of the subject including case record writing, various diagnostic tests and basic knowledge of functioning of clinical instruments related to the subject.**

#### 4. GENERAL MEDICINE

##### Basic Sciences

1. Basics of human anatomy as relevant to clinical practice
  - surface anatomy of various viscera
  - neuro-anatomy
  - important structures/organs location in different anatomical locations in the body
  - common congenital anomalies
2. Basic functioning of various organ-system, control of vital functions, pathophysiological alteration in diseased states, interpretation of symptoms and signs in relation to pathophysiology.
3. Common pathological changes in various organs associated with diseases and their correlation with clinical signs; understanding various pathogenic processes and possible therapeutic interventions possible at various levels to reverse or arrest the progress of diseases.
4. Knowledge about various microorganisms, their special characteristics important for their pathogenetic potential or of diagnostic help; important organisms associated with tropical diseases, their growth pattern/life-cycles, levels of therapeutic interventions possible in preventing and/or eradicating the organisms.
5. Knowledge about pharmacokinetics and pharmaco-dynamics of the drugs used for the management of common problems in a normal person and in patients with diseases kidneys/liver etc. which may need alteration in metabolism/excretion of the drugs; rational use of available drugs.
6. Knowledge about various poisons with specific reference to different geographical and clinical settings, diagnosis and management.
7. Research Methodology and Studies, epidemiology and basic Biostatistics.
8. National Health Programmes.
9. Biochemical basis of various diseases including fluid and electrolyte disorders; Acid base disorders etc.
10. Recent advances in relevant basic science subjects. Systemic Medicine
11. Preventive and environmental issues, including principles of preventive health care, immunization and occupational, environmental medicine and bio-terrorism.
12. **Aging and Geriatric Medicine:**
  - Biology
  - epidemiology
  - neuro-psychiatric aspects of aging
13. **Clinical Pharmacology:**
  - principles of drug therapy
  - biology of addiction
  - complementary and alternative medicine
14. **Genetics:**
  - overview of the paradigm of genetic contribution to health and disease
  - principles of Human Genetics
  - single gene and chromosomal disorders
  - gene therapy
15. **Immunology:**
  - innate and adaptive immune systems
  - mechanisms of immune mediated cell injury
  - transplantation immunology

**16. Cardio-vascular diseases:**

- Approach to the patient with possible cardio-vascular diseases
- heart failure
- arrhythmias
- hypertension
- coronary artery disease
- valvular heart disease
- infective endocarditis
- diseases of the myocardium and pericardium
- diseases of the aorta and peripheral vascular system

**17. Respiratory system:**

- approach to the patient with respiratory disease
- disorders of ventilation
- asthma
- Congenital Obstructive Pulmonary Disease (COPD)
- Pneumonia
- pulmonary embolism
- cystic fibrosis
- obstructive sleep apnoea syndrome and diseases of the chest wall, pleura and mediastinum

**18. Nephrology:**

- approach to the patient with renal diseases
- acid-base disorders
- acute kidney injury
- chronic kidney disease
- tubulo-interstitial diseases
- nephrolithiasis
- Diabetes and the kidney
- obstructive uropathy and treatment of irreversible renal failure

**19. Gastro-intestinal diseases:**

- approach to the patient with gastrointestinal diseases
- gastrointestinal endoscopy
- motility disorders
- diseases of the oesophagus
- acid peptic disease
- functional gastrointestinal disorders
- diarrhea
- irritable bowel syndrome
- pancreatitis and diseases of the rectum and anus

**20. Diseases of the liver and gall bladder:**

- approach to the patient with liver disease
- acute viral hepatitis
- chronic hepatitis
- alcoholic and non-alcoholic steatohepatitis
- cirrhosis and its sequelae
- hepatic failure and liver transplantation
- diseases of the gall bladder and bile ducts

**21. Haematologic diseases:**

- Haematopoiesis
- Anaemias
- leucopenia and leucocytosis
- myelo-proliferative disorders
- disorders of haemostasis and haemopoietic stem cell transplantation

**22. Oncology:**

- Epidemiology
- biology and genetics of cancer
- paraneoplastic syndromes and endocrine manifestations of tumours
- leukemias and lymphomas
- cancers of various organ systems and cancer chemotherapy

**23. Metabolic diseases** - inborn errors of metabolism and disorders of metabolism.

**24. Nutritional diseases** - nutritional assessment, enteral and parenteral nutrition, obesity and eating disorders.

**25. Endocrine** - principles of endocrinology, diseases of various endocrine organs including diabetes mellitus.

**26. Rheumatic diseases:**

- approach to the patient with rheumatic diseases
- osteoarthritis
- rheumatoid arthritis
- spondyloarthropathies
- systemic lupus erythematosus (SLE)
- polymyalgia
- rheumatic fibromyalgia and amyloidosis

**27. Infectious diseases:**

- Basic consideration in Infectious Diseases
- clinical syndromes
- community acquired clinical syndromes
- Nosocomial infections
- Bacterial diseases - General consideration, diseases caused by gram - positive bacteria, diseases caused by gram - negative bacteria
- miscellaneous bacterial infections
- Mycobacterial diseases
- Spirochetal diseases
- Rickettsia
- Mycoplasma and Chlamydia
- viral diseases
- DNA viruses
- DNA and RNA respiratory viruses
- RNA viruses
- fungal infections, protozoal and helminthic infections .

**28. Neurology** - approach to the patient with neurologic disease, headache, seizure disorders and epilepsy, coma, disorders of sleep, cerebrovascular diseases, Parkinson's disease and other movement disorders, motor neuron disease, meningitis and encephalitis, peripheral neuropathies, muscle diseases, diseases of neuromuscular transmission and autonomic disorders and their management.

**29.** The mental condition characterized by complete self absorption with reduced ability to communicate with the outside world (Autism), abnormal functioning in social interaction with or without repetitive behaviour and/or poor communication etc.

**30. Dermatology:**

- Structure and functions of skin
- infections of skin
- papulo-squamous and inflammatory skin rashes
- photo-dermatology
- erythroderma
- cutaneous manifestations of systematic diseases

- bullous diseases
- drug induced rashes
- disorders of hair and nails
- principles of topical therapy

**Practical aspects of the subject including case record writing, various diagnostic tests and basic knowledge of functioning of clinical instruments related to the subject.**

## 5. GENERAL SURGERY

### **Basic Sciences:**

Anatomy, physiology, biochemistry, microbiology and pathology, as found in current text books. These standard topics are recommended to be studied in as much as they are applicable to the practice of surgery. The stress is on applied anatomy and surgical pathology. Topics for study to include **Anatomy. Physiology. Pathology. Microbiology, Pharmacology. Anesthesia and Radiology.** Pathology- Concurrent study- recommend daily Grossing sessions. Weekly Surgical pathology session and monthly CPCs Radiology- Concurrent study-adequate exposure to modern imaging modalities like USG, CT, MRI and angiography.

### **History of Surgery**

**Clinical History and examination-** detailed systematic history taking. Clinical examination of various systems. Coming to a provisional working diagnosis.

**Rationale of diagnostic tests-** Ordering diagnostic tests with prioritizing the needs based on the clinical, hospital and the patient's socioeconomic condition.

**Informed consent / Medico legal issues-** Understanding the implications of acts of omission and commission in practice. Issues regarding Consumer Protection Act- Implications in a medico-legal case like accidents, assaults etc.

**Communication skills with patients-** Understanding clarity in communication, compassionate explanations and giving emotional support to at the time of suffering and bereavement.

**Principles of surgical audit-** Understanding the audit of process and outcome Methods adopted for the same. Basic statistics.

**Principles of evidence based medicine-** Understanding journal based literature study; the value of text book, reference book articles; value of review articles; original articles and their critical assessment. Understanding the value of retrospective, prospective, randomized controlled and blinded studies- understanding the principles and meanings of various biostatistical tests applied in these studies.

### **Medical ethics / Social responsibilities of surgeons**

**Use of computers in surgery-** Components of a computer; its use in practice- principles of word processing, spread sheet functions, database and presentation; the internet and its uses. The value of computer based systems in bio- medical equipment.

Health insurance, health Care financing

Undertaking clinical audit

Prospective data collection / writing case reports and clinical papers

Giving presentations / Computer presentations

**Preoperative workup-** concept of fitness for surgery; basic medical workup; workup in special situations like, diabetes, renal failure, cardiac and respiratory illness; risk stratification;

Principles of operative surgery like asepsis, antisepsis, sterilization

Surgical sutures, drains, prosthetic grafts.

**Postoperative care-** concept of recovery room care; airway management assessment of wakefulness; management of cardiovascular instability in this period; criteria for shifting to a ward; pain management.

**Basic surgical instrumentation-** Principles of surgical instrumentation; their maintenance and sterilization. Surgical diathermy, lasers, and other energy sources used in surgery

**Wound management** – wound healing; factors influencing healing; basic surgical techniques, properties of suture materials: appropriate use of sutures.

**Assessment of head, chest and abdominal trauma and triage-** Assessment of a trauma victim, resuscitation; care at the site; triage care in the accident department; criteria for immediate surgery; immediate workup and logical referral criteria.

**Fluid and electrolyte balance / Acid – Base metabolism-** The body fluid compartments; metabolism of water and electrolytes; factors maintaining homeostasis; causes for and treatment of acidosis and alkalosis.

**Blood transfusion-** Blood grouping cross matching; blood component therapy; complications of blood transfusion; blood substitute; auto transfusions; cell savers.

**Surgical infections-** asepsis and antisepsis; microbiological principles; rational use of antibiotics; special infections like synergistic gangrene and diabetic foot infections. Hepatitis and AIDS

**Surgical nutrition-** nutritional assessment; metabolic response to stress; need for nutritional support; external nutrition; routes of access to GI tract; Parenteral nutrition; access to central veins for nutritional support.

**Principles of laparoscopy / GI endoscopy-** laparoscopic instrumentation; physiology of pneumoperitoneum; complications of laparoscopy; diagnostic and therapeutic applications. GI endoscopic instrumentation; Diagnostic and therapeutic applications of upper GI, Lower GI and ERCP studies.

**Principles of oncology-** cell kinetics; causation of tumours; principles of oncologic surgery, radiotherapy and chemotherapy; Para neoplastic syndromes; cancer pain management; palliative care

**Principles of burn management** – type of thermal injury; assessment of extent; immediate management; late management; skin cover; rehabilitation.

**Principles of fracture management-** fracture healing; principles of immobilization; complications; principles of internal fixation.

**Airway obstruction/ management-** anatomy of the airway; principles of keeping the airway patent; mouth to mouth resuscitation; oropharyngeal airway; endotracheal intubation; cricothyroidotomy; tracheostomy.

**Shock and pulmonary failure-** types of shock; diagnosis; resuscitation; pharmacologic support; ARDS and its causes; prevention; ventilatory support.

**Anaesthesia-** pharmacology of inhalational; intravenous and regional anaesthetics; muscle relaxants.

**Assessment of trauma:** Multiple injured patient / closed abdominal and chest injuries / penetrating injuries; fractures pelvis; urological injuries; vascular injuries; trauma scores.

**Acute abdomen-** Appendicitis / Peritonitis / Perforated viscus / Intestinal obstruction. Hernias- Various types of hernias, simple and complicated, their repair, prosthetic materials.

**Critical care-** Cardio respiratory failure- management of shock; including monitoring sepsis scores; pharmacological support.

**Pain control-** acute and chronic pain; cancer and non cancer pain; patient controlled analgesia. Breast disease- benign and malignant disease; diagnosis; investigation; screening for cancer; genetics of breast cancer.

**Thyroid disease-** solitary nodule; investigations; multinodular goiter, thyroiditis disease, cancer.

**Upper GI disease-** oesophageal and gastro-duodenal disorders.

**Hepato-biliary disease Pancreatic disease**

**Colo-rectal disease / Anal disease.**

**Soft –tissue neoplasms.**

**Endocrine disease.**

**Basics of GI endoscopy and Laparoscopy :**

- Principles of GI endoscopy
- Complications including infective considerations
- Diagnostic and therapeutic GI endoscopy including upper GI, lower GI and pancreato-biliary systems.
- Physiology of pneumoperitoneum
- Diagnostic Laparoscopy
- Laparoscopic therapeutic procedures

**Basics of Neurosurgery.**

- Head and neck trauma; acute management and rehabilitation
- Concept of brain death / medico- legal implications
- Peripheral nerve injuries
- Neoplasms of the brain and meninges
- Acute and chronic infections of the brain and meninges
- Hydrocephalus
- Spinal injuries
- Monitoring intracranial tension

**Basics of Urology**

- Urological injuries
- Urothelial tumours / Chemotherapy
- Prostatic hypertrophy
- Hypospadias
- Pyelonephritis / perinephric abscess
- GU tuberculosis
- Scrotal disease
- Endourology
- Peritoneal dialysis /CAPD/ Haemodialysis
- Transplantation / harvesting kidney
- Urinary diversion
- Infertility / Vasectomy
- Pyeloplasty / hydronephrosis

**Basics of Oncology**

- Imaging CT/ MRI/ CT Guided FNAB/C
- Breast, thyroid and GI malignancies

- Head and neck tumours
- Chemotherapy / Radiotherapy
- Post excision reconstruction

#### **Basics of *Plastic Surgery*.**

- Burns management
- Facial injuries
- Principles of tissue transfer
- Cleft lip and palate
- Congenital defects of hand
- Pressure sores
- Principles of microsurgery
- Hypospadias
- Details of skin flap
- Nerve repair
- Vascular repair
- Hand injuries / tendon injury

#### **Basics of *Cardio-thoracic surgery***

- Flail chest / thoracic trauma
- Bronchogenic carcinoma. Lobectomy
- Pneumonectomy
- Endocarditis prophylaxis
- Pulmonary function tests
- Control of major haemorrhage.
- Operations on the diaphragm.
- Coronary artery disease.
- Valvular heart disease.
- Lobectomies and pneumonectomies
- Oesophageal disease. Operations of thoracic aorta
- Mediastinal tumours.
- Basics of congenital heart disease.

#### **Basics of *Vascular Surgery*.**

- Vascular imaging
- AV malformations
- Exposure of major arteries and veins / vascular anastomosis
- Varicose veins
- Chronic venous insufficiency
- Vascular emergencies – trauma, embolism
- Peripheral vascular disease- Atherosclerosis. Arteritis
- Details of vascular prosthesis.



**Basics of *Paediatric Surgery***

- Fluid and electrolyte management
- Preparation for surgery / postop care
- Hernias
- Spinal fusion defects.
- Ventral defects
- Undescended testes.
- Hypertrophic pyloric stenosis
- Hirshprung's disease.
- Diaphragmatic hernia.
- Tracheo oesophageal fistula
- Anorectal anomalies
- Necrotising enteritis

**Basics of *Gynaecological Surgery*.**

- Pelvic inflammatory disease.
- Ectopic pregnancy
- Ovarian Cysts.
- Caesarean Section
- Family planning - Tubectomy and Vasectomy and Recanalisation

**Practical aspects of the subject including case record writing, various diagnostic tests and basic knowledge of functioning of clinical instruments related to the subject.**

## **6. ORTHOPEDICS**

**A) Basic sciences related to Orthopaedics:**

- Embryology, developmental applied Anatomy of Bones, Joints, Ligaments, Muscle and Nerves.
- Anatomy of Growth plate, Ossification of Bones and vascular anatomy of Bones
- The course and distribution of the major arteries, veins and nerves of upper and lower limbs
- The structure and functions of the vertebral column, intervertebral disc, spinal cord, meninges and related blood supply
- The structure and functions of diaphragm, abdominal wall, thorax, pelvis and their contents in relation to trauma and diseases
- The normal structure, function and growth changes in bone, cartilage, skeletal muscles and joints
- Biomechanics of human locomotion
- Neuro Muscular Junction and physiology of Muscle contraction
- Calcium and Phosphorous Metabolism
- Biochemical and Endocrine changes in ossification and mineral metabolism
- Pharmacology of Analgesics, NSAIDS, Antibiotics, anti Tubercular drugs
- Chemotherapy and Radiotherapy Basics in management of Bone Tumours

- Drugs used in treatment of Rheumatoid Arthritis, Gout and Spondylo- Arthropathies
- Microbial infections of the Bone, Joints and Soft tissues and their varied presentations
- Patho physiology of Trauma
- Patho physiology of Pain
- Pathology of Bone Tumours
- Principles of Hemostasis and common disorders of Bleeding
- Blood Groups, Transfusion of whole Blood and Blood products
- Fluid and Electrolyte balance- Normal and Various pathological conditions causing Imbalance
- Acid Base Balance and Oxygen and Carbon-dioxide Transport

**B) General Orthopaedics:**

- History of Orthopaedics
- Metabolic and Endocrine Disorders of the Bone
- Infections of the Bone – Pyogenic, Tubercular and Mycotic
- Arthritis – Tubercular , Non-tubercular
- Congenital Deformities
- Developmental disorders
- Diseases of Joints - Degenerative Arthritis, Crystal deposition disorders
- Rheumatological Disorders and Spondyloarthropathies
- Orthopaedic Neurology - Poliomyelitis, Cerebral palsy
- Tumours of Bone - including Secondaries of bone
- Diseases of Muscles
- Unclassified Diseases of Bone
- Peripheral Nerve Injuries
- Peripheral vascular diseases - Bleeding and Clotting disorders, Haemoglobinopathies and their Orthopaedic manifestations

**Regional Orthopaedic Condition of Adults and Children**

- The Spine
- The Pectoral Girdle
- The Shoulder
- The Elbow
- The Hand
- The Wrist
- The Pelvis
- The Hip
- The Knee
- The Foot and Ankle

**C) Trauma:**

**Fractures**

- Disaster Management

- Advance Trauma Life Support
- Definitions, types, grades, patterns and classification of various fractures
- Complications of Fractures
- Pathology of Fracture and Fracture healing
- Clinical & Radiological features of fractures & dislocations
- General principles of Fracture treatment
- Fracture of upper extremity & shoulder girdle
- Fractures of lower extremity & pelvic girdle
- Fractures of spine and spinal cord injuries.
- Fractures in children
- Mal united fractures, Delayed union & non union of fractures

#### **Traumatic Disorders of joints.**

- Subluxation & Dislocation (Acute dislocations, Old unreduced dislocations, recurrent dislocations.)
- Shoulder & Elbow injuries.
- Wrist and Hand injuries
- Fractures of the Hip region
- Injuries around the Knee
- Injuries around the Ankle
- Sports and related injuries
- Arthrodesis of lower extremity (Hip, Knee & Ankle) upper extremity and Spine.
- Bone grafts & Bone substitutes (Bone banking)
- Biomechanics of Joints and Joint Replacement
- Arthroplasty (Hip, Knee, Ankle, Shoulder, Elbow, Wrist)
- General principles of Arthroscopy.
- Arthroscopy of knee , ankle , shoulder , elbow , wrist
- Amputations and disarticulations
- Skin grafting & flaps
- Limb Length inequality & its management
- Microsurgical techniques in Orthopaedics
- AIDS related Orthopaedic conditions
- Theatre techniques and sterilization
- Physiotherapy and its modalities
- Orthotics and prosthetics
- Rehabilitation
- Disability Rating And Evaluation

**Practical aspects of the subject including case record writing, various diagnostic tests and basic knowledge of functioning of clinical instruments related to the subject.**

## **7. ENT**

- Anatomy & Physiology of Ear, Nose & Throat, Trachea and esophagus.
- The ears and nasal sinuses in the aerospace environment
- Physiological consideration of pressure effects on the ear and sinuses in deep water diving.
- The generation and reception of speech
- Radiographic anatomy of the ear, nose, throat and imaging.
- Bacteriology in relation to Otorhinolaryngology
- Allergy in rhinitis
- The principles of cancer immunology with particular reference to head and neck cancer
- Principles of chemotherapy in head and neck cancer
- Haematology in relation to Otolaryngology
- Anaesthesia for Otolaryngology
- Pharmacology of drugs used in ENT
- Electrolyte, fluid balance/shock conditions
- Use of teaching aids
- Routine blood, urine testing
- Preparation of slides
- Facial nerve stimulation test
- Audiometric tests like pure tone Audiometry, Beckesy's Audimetry, Impedance Audiometry, Free field Audiometry, Specialized tests of hearing including SISI, Tone decay, ABLB, Speech discrimination score etc.
- Vestibular tests like caloric testing (Water & Air) stopping test, Fukuda's test, cranio corpography recording of nystagmus by ENG and its interpretation.
- Evoked response Audiometry
- The physical and functional examination of the ear
- The functional and physical examination of the vestibular system
- Tinnitus
- Affections of external ear
- Repair of deformities of the external ear
- Congenital conditions of the middle ear cleft
- Traumatic conductive deafness
- Acute inflammation of the middle ear cleft
- Non-suppurative otitis media
- Chronic suppurative otitis media
- Management of chronic suppurative otitis media
- Complications of infections of middle ear
- Tumours of the middle ear cleft and temporal bone
- Diseases of the otic capsule-otosclerosis
- Diseases of the otic capsule-other diseases
- The deaf child
- Traumatic lesions of the inner ear
- Inflammatory lesions of the vestibular and auditory nerve
- Acoustic neuroma
- Ototoxicity

- Presbycusis
- Vascular lesions of the inner ear
- Diagnosis and management of sudden and fluctuant sensorineural hearing loss
- Meniere's disease
- Neurologic aspects of vertigo
- Facial paralysis
- Rehabilitation of adults with acquired
- Hearing loss-Hearing aids
- The cochlear Implants
- Nystagmus and Electronystagmography
- Skull base / Neurologic surgery

### **NOSE:**

- Examination of the nose
- Conditions of the external nose
- Injuries of the facial skeleton
- Cosmetic surgery of the nose
- Congenital diseases of the nose
- The nasal septum
- Foreign bodies in the nose, rhinolith
- Epistaxis
- Acute chronic inflammations of the nasal cavities
- Vasomotor rhinitis-allergic and non-allergic
- Nasal polyposis
- Abnormalities of smell
- Acute sinusitis / Chronic sinusitis
- Nasal Allergy/Fungal allergic sinusitis
- Complications of acute and chronic sinusitis
- Non healing granuloma of the nose
- Tumors of nose and sinuses
- Facial pains
- Trans-ethmoidal hypophysectomy
- Surgery of the pterygo palatine fossa
- FESS/LASER Surgery

### **THROAT**

- Methods of examination of the mouth and pharynx
- Diseases of the mouth
- Diseases of the salivary glands
- Pharyngeal lesions associated with general diseases
- Diseases of the tonsils and adenoids (excluding neoplasms)
- Tumors of the pharynx
- Hypopharyngeal diverticulum (Pharyngela Pouch)
- Oesophageal conditions in the practice of ear, nose and throat surgery
- Methods of examining and larynx and tracheobronchial tree
- Congenital diseases of the larynx
- Laryngeal disorders in singers and other voice users
- Neurological affections of larynx and pharynx
- Disorders of speech

- Intubation of the larynx, laryngotomy and tracheostomy
- Cervical node dissection
- Skin grafts in Otolaryngology
- Lower respiratory conditions in Otolaryngology
- Micro laryngeal surgery/thyroplasty

### **MISCELLANEOUS (HEAD AND NECK)**

- Functional Anatomy of cerebellum and brainstem CRANIAL NERVES
- Raised intracranial tension-causes, diagnosis, management with particular reference to ctitis hydrocephalus
- Head injuries and I.C. Haemorrhage
- Pituitary gland, anatomy, physiology hypo and hyper pituitarism, new growths
- Intracranial venous sinuses and their affections
- Osteology of skull, mandible, cervical and thoracic vertebra and sternum
- Cervical fascia, facial spaces in neck, retro pharyngeal and parapharyngeal Abscess
- Anatomy and physiology of thyroid gland, goiter, diseases of the thyroid and carcinoma of thyroid
- Anatomy of mediastinum, large blood vessels in neck, thoracic duct development of major cervical and thoracic blood vessels.
- Pleura, plural cavity, bronchopulmonary segments and their clinical importance
- Facial plastic surgery
- Head and neck reconstructive surgery

### **GENERAL**

- Physiology of circulation,
- Regulation of blood pressure,
- Reactions of body to haemorrhage,
- Pathophysiology of shock
- Fluid balance,
- Blood transfusion and its hazards,
- Fluid replacement therapy,
- Burns.

### **DRUGS USED IN THE ENT**

- Antihistaminic
- Nasal vaso constrictors
- Local anaesthetics
- Cortico steroids
- Cyto-toxic agents
- Antibiotics
- Radioactive isotopes
- Antifungal agents
- Vasopressive and other agents used in shock like states

**Practical aspects of the subject including case record writing, various diagnostic tests and basic knowledge of functioning of clinical instruments related to the subject.**

## **8. GENERAL PATHOLOGY**

General Pathology including Immunopathology.  
 Systemic Pathology.  
 Hematology.  
 Blood Banking including Transfusion medicine.  
 Cytopathology.  
 Laboratory organization including Quality Control.  
 Basic Microbiology and Clinical Biochemistry.

General

Principles of sample collection for Hematology and Clinical Pathology  
 Processing of Histopathology and cytology specimens.  
 Complete urine analysis and stool examination.  
 Pregnancy tests, semen analysis.  
 Microbiological and biochemical tests  
 Waste disposal and universal precautions.

### Cytology

1. Fine needle aspiration cytology – Staining and Interpretation.
2. Cytology of body fluids: Processing and Interpretation.

### Histopathology

1. Histopathologic techniques including section cutting.
2. Hematoxylin and Eosin stain and special stains which include PAS stain, Alcian blue stain, Reticulin stain, Masson's Trichrome and Perl's stain.
3. Principles of immunohistochemistry and immunofluorescence.

### Hematology

1. Anticoagulants.
2. Preparation of Leishman's stain and reagents for blood counts.
3. Hands on experience in different methods of Haemoglobin estimation, RBC, WBC Platelet and Reticulocyte counts, AEC, PCV, ESR and calculation of absolute indices and Coagulation tests.
4. Preparation and interpretation of Peripheral smear and Bone marrow smears.
5. Hemolytic workup including sickle cell preparation, Hb F etc.
6. Cytochemistry : Peroxidase / Sudan black B, PAS, LAP, NSE and Perl's stain
7. Quality control and use of automated cell counters.
8. Cleaning of Glass ware.

### Blood Bank

1. Blood groups and Typing.
2. Cross Matching.
3. Coomb's test.
4. Donor screening and blood collection.
5. Testing for STS, HIV, Hepatitis B & C.
6. Rh antibody titration.
7. Cold agglutinin titre estimation.
8. Quality control

### Microbiology

1. Experience in preparation and interpretation of :
  - (a) Grams Stain.
  - (b) Z.N. stain.
  - (c) Hanging drop.
  - (d) KoH and Lactophenol preparations for fungi.
2. Sterilization techniques, culture methods, identification and reporting –
3. Hands on experience and interpretation of serological tests like Widal, V.D.R.L., HIV, HBV, CRP, RF and ASO.

### Clinical Biochemistry

Basic Biochemistry applied to biochemical investigations :  
 Handling of Photo colorimeter, Spectrophotometer, pH meter, Flame photometer, Semi autoanalyser, Autoanalyser and Electrophoresis apparatus.  
 Carrying out biochemical investigations like Blood Sugar, Urea, Creatinine, Proteins, Bilirubin, SGOT, SGPT, Alkaline Phosphatase etc.

**Practical aspects of the subject including case record writing, various diagnostic tests and basic knowledge of functioning of clinical instruments related to the subject.**

Hyderabad  
Date:27/09/2017

Sd/-  
SECRETARY



### **Annexure-III**

#### **INSTRUCTIONS TO CANDIDATES:**

##### **A) INSTRUCTIONS TO CANDIDATES:**

- THE APPLICANTS ARE REQUIRED TO GO THROUGH THE USER GUIDE AND SATISFY THEMSELVES AS TO THEIR ELIGIBILITY FOR THIS RECRUITMENT CAREFULLY BEFORE APPLYING AND ENTER THE PARTICULARS COMPLETELY ONLINE.
- APPLICANT MUST COMPULSORILY FILL-UP ALL RELEVANT COLUMNS OF APPLICATION AND SUBMIT APPLICATION THROUGH WEBSITE ONLY. THE PARTICULARS MADE AVAILABLE IN THE WEBSITE WILL BE PROCESSED THROUGH COMPUTER AND THE ELIGIBILITY DECIDED IN TERMS OF NOTIFICATION AND CONFIRMED ACCORDINGLY.
- THE APPLICATIONS RECEIVED ONLINE IN THE PRESCRIBED PROFORMA AVAILABLE IN THE WEBSITE AND WITHIN THE TIME SHALL ONLY BE CONSIDERED AND THE COMMISSION WILL NOT BE HELD RESPONSIBLE FOR ANY KIND OF DELAY/DISCREPANCY ON PART OF THE CANDIDATE.
- APPLICANTS MUST COMPULSORILY UPLOAD HIS/HER OWN SCANNED PHOTO AND SIGNATURE THROUGH J.P.G FORMAT.
- THE APPLICANTS SHOULD NOT FURNISH ANY PARTICULARS THAT ARE FALSE, TAMPERED, FABRICATED OR SUPPRESS ANY MATERIAL INFORMATION WHILE MAKING AN APPLICATION THROUGH WEBSITE.
- IMPORTANT:- HAND WRITTEN/TYPED/PHOTOSTAT COPIES/PRINTED APPLICATION FORM WILL NOT BE ENTERTAINED.

THE APPLICANT SHALL PRODUCE ALL THE ESSENTIAL CERTIFICATES ISSUED BY THE COMPETENT AUTHORITY, FOR VERIFICATION BY THE COMMISSION, AS AND WHEN CALLED FOR. IF CANDIDATES FAIL TO PRODUCE THE SAME, HIS/HER CANDIDATURE SHALL BE REJECTED / DISQUALIFIED WITHOUT ANY FURTHER CORRESPONDENCE.

The following certificate formats are available on the Commission's Website ([www.psc.ap.gov.in](http://www.psc.ap.gov.in)) for reference.

- **Community, Nativity and Date of Birth Certificate**
- **Declaration by the Un-Employed**
- **School Study Certificate**
- **Certificate of Residence**
- **a) Medical Certificate for the Blind**
- **b) Certificate of Hearing Disability and Hearing Assessment**
- **c) Medical Certificate in respect of Orthopedically Handicapped Candidates**
- **Creamy Layer Certificate**
- **Local status certificate (if applicable)**

##### **B) INSTRUCTIONS REGARDING OFF-LINE EXAMINATION FOR CANDIDATES(if Screening test is held):**

1. The candidates should go through the instructions given on the cover page of test booklet and carefully write his/her Registration Number, Subject / Subject Code, Booklet Series, Name of the Examination Centre etc., in the Answer Sheet, which will be provided to him/her in the examination hall.
2. Since the answer sheets are to be scanned (valued) with Optical Mark Scanner system, the candidates have to USE BALL POINT PEN (BLUE or BLACK) ONLY FOR MARKING THE ANSWERS. The candidates will be supplied OMR Sheet consisting of two copies i.e., the Original Copy (Top Sheet) and Duplicate Copy (Bottom Sheet). The candidate is required to use Ball Point Pen (Blue or Black) for filling the relevant blocks in the OMR Sheet including bubbling the answers. After writing the examination the candidate has to handover the original OMR sheet (Top Sheet) to the invigilator in the examination hall. If any candidate takes away the original OMR Sheet (Top Sheet) his/her candidature will be rejected.

However the candidate is permitted to take away the duplicate (Bottom Sheet) OMR Sheet for his/her record. The candidates should bring Ball Point Pen (Blue or Black and smooth writing pad) to fill up relevant columns on the Answer Sheet. The candidate must ensure encoding the Registration Number, Subject/Subject Code, Booklet Series correctly, write the Name of the Examination Centre, appending Signatures of the Candidate and Invigilator, etc., on the O.M.R. Answer sheet correctly, failing which the Answer sheet will not be valued. Use of whitener / correcting fluid / Blade / Powder/ Eraser / folding / Tearing / Rough Work or any kind of tampering to change the answers on OMR Sheet will lead to disqualification / invalidation / rejection. No correspondence whatsoever will be entertained from the candidates in this regard.

3. The OMR Sheet is to be bubbled by Ball Point Pen (Blue or Black) only. Bubbling by Pencil / Ink Pen / Gel Pen is not permitted in this examination. Any kind of tampering to change the answers on the OMR Sheet will lead to disqualification / invalidation / rejection. No correspondence whatsoever will be entertained from the candidates in this regard.

**C) INSTRUCTIONS REGARDING ON-LINE EXAMINATION FOR CANDIDATES:**

1) The candidates should take their seats at the prescribed time before the commencement of the examination. Biometric identification would be conducted before entry into examination hall. The entry time would be mentioned in the hall ticket. Late entry after the given entry time would not be allowed. Candidates should not leave the examination hall till the expiry of fulltime. Loaning and interchanging of articles among the candidates is not permitted in the examination hall. Electronic devices including cell phones and pagers are not allowed in the examination hall. Non programmable calculators would be permitted, wherever necessary.

2) *The starting time of each examination paper and the entry time would be mentioned in the hall ticket*

3) *Candidates will not be permitted to leave the examination hall till the expiry of full time. If any candidate leaves the examination hall in the middle, he would be disqualified. If there is any problem with computer system, the candidates have to wait without talking to others till the system is restored. In case of any violation, the candidate will be disqualified.*

4) *The examination link with the login screen will already be available on your system. Please inform the invigilator if this is not the case.*

5) *10 minutes prior to the exam, you'll be prompted to login. Please type the Login ID (Roll No) and the Password (Password for Candidate will be given on exam day) to proceed further.*

6) *Invigilator will announce the password 15 minutes before commencement of the Examination.*

7) *Copying or noting down questions and/or options is not allowed. Severe action will be taken if any candidate is found noting down the questions and/or options.*

8) *After logging in, your screen will display:*

*\*Profile Information - Check the details & click on "I Confirm" or "I Deny".*

*\*Detailed exam instructions - Please read and understand thoroughly.*

*\*Please click on the "I am ready to Begin" button, after reading the instructions.*

9) *You have to use the mouse to answer the multiple choice type questions with FOUR alternative answers.*

10) *To answer any numerical answer type question, you need to use the virtual numeric key pad and the mouse.*

11) *On the online exam question screen, the timer will display the balance time remaining for the completion of exam.*

12) *The question numbers are color coordinated and of different shapes based on the process of recording your response: White (Square) - For un-attempted questions. Red (Inverted Pentagon) - For unanswered questions. Green (Pentagon) - For attempted questions. Violet (Circle) - Question marked by candidate for review, to be answered later. Violet (Circle with a Tick mark) - Question answered and marked by candidate for review.*

13) *After answering a question, click the SAVE & NEXT button to save your response and move onto the next question.*

14) Click on Mark for Review & NEXT to mark your question for review, and then go to the next question.

15) To clear any answer chosen for a particular question, please click on the CLEAR RESPONSE button.

16) A summary of each section, (i.e. questions answered, not answered, marked for review) is available for each section. You have to place the cursor over the section name for this summary.

17) In case you wish to view a larger font size, please inform the Invigilator. On the Invigilator's confirmation, click on the font size you wish to select. The font size will be visible on the top.

18) You may view INSTRUCTIONS at any point of time during exam, by clicking on the INSTRUCTIONS button on your screen.

19) The SUBMIT button will be activated after 150 Minutes. Please keep checking the timer on your screen.

20) In case of automatic or manual log out, all your attempted responses will be saved. Also, the exam will start from the time where it had stopped.

21) You will be provided a blank sheet for rough work. Do write your Login ID and Password on it. Please ensure that you return it to the invigilator at the end of the exam after tearing only the password from it.

22) Please don't touch the key board as your exam ID will get locked. If your ID gets locked, please inform a nearby invigilator who will help in unlocking your ID and then you can continue with the exam.

23) Please inform the invigilator in case of any technical issues.

24) Please do not talk to or disturb other candidates.

25) In case you are carrying articles other than the admit card, photo identity proof and pen, please leave them outside the exam room.

26) You cannot leave exam room before submitting the paper. Please inform the invigilator if you want to use the wash room.

#### **D) GENERAL INSTRUCTIONS TO CANDIDATES:**

1) If the candidate notices any discrepancy printed on the Hall ticket, as to community, date of birth etc., he/she may immediately bring it to the notice of Commission's officials/Chief Superintendent in the examination centre and necessary corrections can be made in the Nominal Roll, in the Examination Hall against his/her Hall Ticket Number for being verified by the Commission's Office.

2) The candidate should satisfy the Invigilator of his/her identity with reference to the signature and photographs available on the Nominal Rolls and Hall Ticket.

3) The candidates should take their seats at the given time before the commencement of the examination and are not to be allowed after the scheduled time. The time of Examination and entry time would be mentioned in the hall ticket. Late entry after the given entry time would not be allowed. Candidates should not leave the examination hall till the expiry of fulltime.

4) The candidates must note that his/her admission to the examination is strictly provisional. The mere fact that an Admission to the examination does not imply that his/her candidature has been finally cleared by the Commission or that the entries made by the candidate in his/her application have been accepted by the Commission as true and correct. The candidates have to be found suitable after verification of original certificates; and other eligibility criteria. The Applicants have to upload his/her scanned recent colour passport photo and signature to the Application Form. Failure to produce the same photograph, if required, at the time of interview/verification, may lead to disqualification. Hence the candidates are advised not to change their appearance till the recruitment process is complete.

5) The candidates are not allowed to bring any Electronic devices such as mobile / cellphones, programmable calculators, tablets, iPad, Bluetooth, pagers, watches or any other computing devices to examination Hall. Non programmable calculators would be permitted, wherever

*necessary. Loaning and interchanging of articles among the candidates is not permitted in the examination hall and any form of malpractice will not be permitted in the exam hall.*

*6) The candidates are expected to behave in orderly and disciplined manner while writing the examination. Their candidature will be rejected in case of impersonation/ disorder/ rowdy behaviour during Examination and necessary F.I.R. for this incident will be lodged with concerned Police Station. The Chief Superintendent of the centre is authorized to take spot decision in this matter.*

*7) Candidates trying to use unfair means shall be disqualified from the selection. No correspondence whatsoever will be entertained from the candidates.*

*8) The Penal Provisions of Act 25/97 published in the A.P. Gazette No. 35, Part-IV.B Extraordinary dated: 21/08/1997 shall be invoked if malpractice and unfair means are noticed at any stage of the Examination. Action will be taken to penalize as per G.O.Ms.No.385, G.A. (Ser. A) Dept., Dt.18/10/2016.*

9. (a) Wherever the candidates are totally blind, they will be provided a scribe to write the examination and 20 minutes extra time is permitted to them per hour. Eligible candidates are also allowed to bring their own scribe after due intimation to the Commission after duly providing the full identification details of the scribe like name, address and appropriate proof of identification.

(b) The applicants shall upload the certificate relating to percentage of disability for considering the appointment of scribe in the examination.

(c) An extra time of 20 minutes per hour is also permitted for the candidates with locomotor disability and CEREBRAL PALSY where dominant (writing) extremity is affected for the extent slowing the performance of function (Minimum of 40% impairment). No scribe is allowed to such candidates.

(d) The candidate as well as the scribe will have to give a suitable undertaking conforming to the rules applicable

10). In case the Hall-Ticket is without photo or too small, he/she should affix a passport size photo on Hall-ticket and appear by duly getting attested by Gazetted Officer. He/she shall handover similar photo for each paper to Chief Superintendent for affixing the same on the Nominal Rolls.

11) The candidate will not be admitted to the examination Hall without procedural formalities.

12) The candidate admission to the Examination is provisional, subject to the eligibility, confirmation/satisfaction of conditions laid down in this notification.

13) The candidates should put his/ her signature and get the signature of the invigilator at the appropriate places in the Nominal Roll or OMR Answer Sheet.

14) Instructions to be followed scrupulously in the Examination Hall.

**ANNEXURE-IV**  
**LIST OF SCHEDULED CASTES**  
**(Definition 28 of General Rule - 2)**  
**SCHEDULE - I**

(Substituted with effect from 27-07-1977 through G.O.Ms.No.838 G.A (Services-D) Department, dated 15/12/1977)

- 1 Adi Andhra
- 2 Adi Dravida
- 3 Anamuk
- 4 Aray Mala
- 5 Arundhatiya
- 6 Arwa Mala
- 7 Bariki
- 8 Bavuri
- 9 Beda Jangam, Budga Jangam (In Districts of Hyderabad, Rangareddy, Mahaboobnagar, Adilabad, Nizamabad, Medak, Karimnagar, Warangal, Khammam and Nalgonda)\*
- 10 Bindla
- 11 Byagara, Byagari\*
- 12 Chachati
- 13 Chalavadi
- 14 Chamar, Mochi, Muchi, Chamar-Ravidas, Chamar-Rohidas\*
- 15 Chambhar
- 16 Chandala
- 17 Dakkal, Dokkalwar
- 18 Dandasi
- 19 Dhor
- 20 Dom, Dombara, Paidi, Pano
- 21 Ellamalwar, Yellammalawandlu
- 22 Ghasi, Haddi, Relli, Chachandi
- 23 Godagali, Godagula(in the Districts of Srikakulam, Vizianagaram & Vishakapatnam) \*
- 24 Godari
- 25 Gosangi
- 26 Holey
- 27 Holey Dasari
- 28 Jaggali
- 29 Jambuwulu
- 30 Kolupulvandlu, Pambada, Pambanda, Pambala \*
- 31 Madasi Kuruva, Madari Kuruva
- 32 Madiga
- 33 Madiga Dasu, Mashteen
- 34 Mahar
- 35 Mala, Mala Ayawaru \*
- 36 Mala Dasari
- 37 Mala Dasu
- 38 Mala Hannai
- 39 Mala Jangam
- 40 Mala Masti
- 41 Mala Sale, Netkani
- 42 Mala Sanyasi
- 43 Mang
- 44 Mang Garodi
- 45 Manne
- 46 Mashti
- 47 Matangi
- 48 Mahter
- 49 Mitha Ayyalvar
- 50 Mundala
- 51 Paky, Moti, Thoti
- 52 (Omitted)\*
- 53 Pamidi
- 54 Panchama, Pariah
- 55 Relli
- 56 Samagara
- 57 Samban
- 58 Sapru
- 59 Sindholu, Chindollu

60 Yatala (Srikakulam Dist. Only) Memo No. 8183/CV-1/2006-10 SW (CV-I) Dept., Dt. 31/03/2008

61 Valluvan \* (Chittoor and Nellore Dist. Only) Memo No. 8183/CV-1/2006-10 SW (CV-I) Dept., Dt. 31/03/2008

\* As for the Constitution (Scheduled Caste) orders (Second Amendment) Act 2002, Act No. 61 of 2002

### **LIST OF SCHEDULED TRIBES**

1. Andh, Sadhu Andh \*
2. Bagata
3. Bhil
4. Chanchu (Chenchwar omitted) \*
5. Gadabas, Boda Gadaba, Gutob Gadaba, Kallayi Gadaba, Parangi Gadaba, Kathera Gadaba, Kapu Gadaba \*
6. Gond, Naikpod, Rajgond, Koitur \*
7. Goudu (in the Agency tracts)
8. Hill Reddis
9. Jatapus
10. Kammara
11. Kattunayakan
12. Kolam, Kolawar \*
13. Konda Dhoras, Kubi \*
14. Konda Kapus
15. Konda Reddis
16. Kondhs, Kodi, Kodhu, Desaya Kondhs, Dongria Kondhs, Kuttiya Konds, Tikiria Khondhs, Yenity Khondhs, Kuvinga \*
17. Kotia, Benthoriya, Bartika, Dulia, Holva, Sanrona, Sidhopaiko (Dhulia, Paiko, Putiya-omitted \*)
18. Koya, Doli Koya, Gutta Koya, Kammara Koya, Musara Koya, Oddi Koya, Pattidi Koya, Rajah, Rasha Koya, Lingadhari Koya (Ordinary), Kottu Koya, Bhine Koya, Raj Koya (Goud-omitted \*)
19. Kulia
20. Malis (excluding Adilabad, Hyderabad, Karimnagar, Khammam, Mahabubnagar, Medak, Nalgonda, Nizamabad and Warangal District)
21. Manna Dhora
22. Nayaks (in the Agency tracts)
23. Mukha Dhora, Nooka Dhora
24. Pardhan
25. Porja, Parangi Perja
26. Reddi Dhoras
27. Rona, Rena
28. Savaras, Kapu Savaras, Maliya Savaras, Khutto Savaras
29. Sugalis, Lambadis, Banjara \*
30. Thoti (in Adilabad, Hyderabad, Karimnagar, Khammam, Mahabubnagar, Medak, Nalgonda, Nizamabad and Warangal Districts)
31. Valmiki (in the Scheduled Areas of Vishakapatnam, Srikakulam, Vizianagaram, East Godavari and West Godavari Districts \*)
32. Yenadis, Chella Yenadi, Kappala Yenadi, Manchi Yenadi, Reddi Yenadi \*
33. Yerukulas, Koracha, Dabba Yerukula, Kunchapuri Yerukula, Uppu Yerukula \*
34. Nakkala Kurivikaran (Nakkala – A.P. Gazette, Part – III (B) Central Acts ordinance and Regulations Issue No. 05 Dt. 02/10/2003 )
35. Dhulia, Paiko, Putiya (in the districts of Vishakapatnam, Vizianagaram \*)

\* As for the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002, Act No. 10 of 2003

**LIST OF SOCIALLY AND EDUCATIONALLY BACKWARD CLASSES**

(Amended from time to time as on 31/08/2007)

**GROUP- A**

- Aboriginal Tribes, Vimuktha Jathis, Nomadic and Semi Nomadic Tribes etc.,
1. Agnikulakshatriya, Palli, Vadabalija, Besta, jalari, Gangavar, Gangaputra, Goondla, Vanyakulakshatriya (Vannekapu, Vannereddi, Pallikapu, Pallireddy Neyyala and Pattapu) \*Mudiraj / Mutrasi / Tenugollu, The G.O. Ms.No. 15 BCW(C2) Dept., dt. 19/02/2009 is suspended. Hence the inclusion of Mudiraj / Mutrasi / Tenugollu is suspended) vide Hon'ble A.P. High Court orders in WP No. 2122/2009 dated: 29-04-2009.
  2. Balasanthu, Bahurupi
  3. Bandara
  4. Budabukkala
  5. Rajaka (Chakali Vannar)
  6. Dasari (formerly engaged in bikshatana)  
(amended vide G.O.Rt.No. 32, BCW(M1) Department, dated 23/02/1995)
  7. Dommara
  8. Gangiredlavaru
  9. Jangam (whose traditional occupation is begging)
  10. Jogi
  11. Katipapala
  12. Korcha
  13. Lambada or Banjara in Telangana Area  
(deleted and included in S.T. list vide G.O.Ms.No. 149, SW, dated 3/5/1978)
  14. Medari or Mahendra
  15. Mondivaru, Mondibanda, Banda
  16. Nayee Brahmin (Mangali), Mangala and Bajantri  
(amended vide G.O.Ms.No. 1, BCW(M1) Department, dated 6/1/1996)
  17. Nakkala (Deleted vide G.O. Ms. No. 21, BCW(C2) Dept., Dt. 20/06/2011)
  18. Vamsha Raj (amended vide G.O.Ms.No. 27, BCW(M1) Department, dated 23/06/1995 deleting the Original name Pitchiguntla)
  19. Pamula
  20. Pardhi (Mirshikari)
  21. Pambala
  22. Peddammavandlu, Devaravandlu, Yellammavandlu, Mutyalammavandlu (Dammali, Dammala, Dammula, Damala Castes confined to Srikakulam dist. Vide G.O.Ms. No.: 9 BCW(C2) Dept., Dt. 9/04/2008)
  23. Veeramushti (Nettikotala), Veera bhadreeya (Amended vide G.O. Ms. No. 62, BCW (M1) Dept., Dt. 10/12/1996)
  24. Valmiki boya (Boya, Bedar, Kirataka, Nishadi, Yellapi, Pedda Boya) Talayari and Chunduvallu  
(G.O.Ms. No. 124, SW, Dt. 24.06.85) Yellapi and Yellapu are one and the same amended vide G.O. Ms. No. 61, BCW(M1) Dept., Dt. 05.12.1996)
  25. Yerukalas in Telangana area (deleted and included in the list of S.Ts)
  26. Gudala
  27. Kanjara - Bhatta
  28. Kalinga (Kinthala deleted vide G.O.Ms. No. 53, SW, Dt. 07.03.1980)
  29. Kepmare or Reddika
  30. Mondipatta
  31. Nokkar
  32. Pariki Muggula
  33. Yata
  34. Chopemari
  35. Kaikadi
  36. Joshinandiwalas
  37. Odde (Oddilu, Vaddi, Vaddelu)
  38. Mandula (Govt. Memo No. 40-VI/70-1, Edn., Dt. 10.02.1972)
  39. Mehator (Muslim) (Govt. Memo No. 234-VI/72-2, Edn., Dt. 05.07.1972).
  40. Kunapuli (Govt. Memo No. 1279/P1/74-10, E&SW, Dt. 03.08.1975)
  41. Patra (included in G.O. Ms. No. 8, BCW(C2) Dept., Dt. 28.08.2006)
  42. kurakula of Srikakulam, Vizianagaram and Visakhapatnam Districts only. Included vide in G.O.MS.No. 26 BC W (C2) Dept., Dt. 4/07/08
  43. Pondara of Srikakulam, Vizianagaram, and Visakhapatnam Districts only. Included vide G.O.MS.No. 28 BC W (C2) Dept., Dt. 4/07/08

44. Samanthula, Samantha, sountia, Sauntia of Srikakulam District only. Included vide G.O.MS.No. 29 BC W (C2) Dept., Dt. 4/07/08
45. pala-Ekari, Ekila, Vyakula, Ekiri, Nayanivaru, Palegaru, Tolagari, Kavali of Chittoor, Cuddapah, Kurnool, Anantapur, Nellore, Hyderabad and Rangareddy Districts only. Included Vide G.O. MS. No. 23 B.C. W (C2) Dept., Dt. 4/07/08
46. Rajannala, Rajannalu of Karimnagar, Warangal, Nizamabad and Adilabad Districts only. (included in vide G.O.Ms. No. 44 B.C.W(C2) Dept., Dt.07/08/2008).
47. Bukka Ayyavars, Included vide G.O.Ms.No. 6 Backward Classes Welfare (C2) Dept., dt. 19/02/2009.
48. Gotrala, Included vide G.O.Ms.No. 7 Backward Classes Welfare (C2) Dept., dt. 19/02/2009. The area of operation shall be confined to Telangana Region only.
49. Kasikapadi / Kasikapudi, Included vide G.O.Ms.No. 8 Backward Classes Welfare (C2) Dept., dt. 19/02/2009. The area of operation shall be confined to Hyderabad, Rangareddy, Nizamabad, Mahaboobnagar and Adilabad Districts of Telangana Region only.
50. Siddula, Included vide G.O.Ms.No. 9 Backward Classes Welfare (C2) Dept., dt. 19/02/2009. The area of operation shall be confined to Telangana Region only.
51. Sikligar / Saikalgar, Included vide G.O.Ms.No. 10 Backward Classes Welfare (C2) Dept., dt. 19/02/2009.
52. Poosala included vide G.O. Ms.No. 16 Backward Classes Welfare (C2) Dept., dt. 19/02/2009.
53. Aasadula / Asadula, included vide G.O. Ms. No. 13, Backward Classes Welfare (C2) Dept., Dt. 27/05/2011. The area of operation shall be confined to East Godavari and West Godavari Districts only.
54. Keuta/Kevuto/Keviti, included vide G.O. Ms. No. 15, Backward Classes Welfare (C2) Dept., Dt. 27/05/2011. The area of operation shall be confined to Srikakulam District only.

#### **GROUP – B (Vocational)**

1. Achukatlavandlu in the Districts of Visakhapatnam and Guntur confined to Hindus only as amended vide G.O. Ms. No. 8, BCW(C2) Dept., Dt. 29.03.2000
2. Aryakshatriya, Chittari, Giniyar, Chitrakara, Nakshas (Muchi Telugu Speaking deleted vide G.O. Ms. No. 31, BCW (M1) Dept., 11.06.1996)
3. Devanga
4. Goud (Ediga) Gouda (Gamella) Kalalee, Goundla, Settibalija of Vishakhapatnam, East Godavari, West Godavari and Krishna Districts and Srisayana (Segidi) – (amended vide G.O. Ms. No. 16, BCW (A1) Dept., dt. 19.06.1997
5. Dudekula, Laddaf, Pinjari or Noorbash
6. Gandla, Telikula, Devatilakula (Amended vide G.O. Ms. No. 13, BCW (A1) Dept., dt. 20.05.1997)
7. Jandra
8. Kummara or Kulala, Salivahana (Salivahana added vide G.O. Ms. No. 28, BCW(M1) Dept., 24.06.1995)
9. Karikalabhakthulu, Kaikolan or Kaikala (Sengundam or Sengunther)
10. Karnabhakthulu
11. Kuruba or Kuruma
12. Nagavaddilu
13. Neelakanthi
14. Patkar (Khatri)
15. Perika (Perikabalija, Puragirikshatriya)
16. Nessi or Kurni
17. Padmasali (Sali, Salivan, Pattusali, Senapathulu, Thogata Sali)
18. Srisayana ((**sagidi**)- deleted and added to Sl.No. 4 of Group-B)
19. Swakulasali
20. Thogata, Thogati or Thogataveerakshtriya
21. Viswabrahmin, Viswakarma (Ausula or Kamsali, Kammari, Kanchari Vadla or Vadra or Vadrangi and Silpis)  
(Viswakarma added vide G.O. Ms. No. 59 BCW(M1) Dept., Dt. 06.12.1995)
22. Kunchiti, Vakkaliga, Vakkaligara, Kunchitiga of Anantapur Dist. Only vide G.O. Ms.No. 10 BCW(C-2) Dept., Dt. 9-04-2008
23. Lodh, Lodhi, Lodha of Hyderabad, Rangareddy, Khammam and Adilabad Districts only. Included in Vide G.O.MS.No. 22 BC W (C2) Dept., Dt. 4/07/08
24. Bondili (included in vide G.O.Ms. No. 42, B.C.W(C2) Dept., Dt.07/08/2008)
25. Are Marathi, Maratha(Non-Brahmins), Arakalies and Surabhi Natakavallu. (included in vide G.O.Ms. No. 40, B.C.W(C2) Dept., Dt.07/08/2008)
26. Neeli (included in vide G.O.Ms. No. 43, B.C.W(C2) Dept., Dt.07/08/2008).



27. Budubunjala/Bhunjwa/Bhadbhunja, included vide G.O.Ms. No. 11, Backward Classes Welfare (C2) Dept., Dt. 27/05/2011. The area of operation shall be confined to Hyderabad and Ranga Reddy District only.
28. Gudia/Gudiya, included vide G.O.Ms. No. 14, Backward Classes Welfare (C2) Dept., Dt. 27/05/2011. The area of operation shall be confined to Srikakulam, Vizianagaram and Vishakhapatnam, district only.

### **GROUP – C**

**Scheduled Castes converts to Christianity and their progeny**  
(Substituted in G.O.Ms.No.159, G.A.(Ser.D) Dept., dt. 02/04/1981)

### **GROUP – D (Other Classes)**

1. Agar
2. Are-Katika, Katika, Are-Suryavamsi(Are-Suryavamsi added vide G.O. Ms. No. 39, B.C. W(C2) Dept., Dt. 7/08/08)
3. Atagara
4. Bhatraju
5. Chippolu (Mera)
6. Gavara
7. Godaba
8. Hatkar
9. Jakkala
10. Jingar
11. Kandra
12. Kosthi
13. Kachi
14. Surya Baliya, (Kalavanthulu) Ganika (amended vide G.O.Ms. No. 20, BCW(P2) Dept., Dt. 19.07.1994)
15. Krishanabaliya (Dasari, Bukka)
16. Koppulavelama
17. Mathura
18. Mali (Bare, Barai, Marar and Tamboli of all Districts of Telangana Region added as synonyms vide G.O. Ms. No. 3, BCW(C2) Dept., Dt. 09.01.2004 and G.O. Ms. No. 45, B.C.W(C2) Dept., Dt.07/08/2008)
19. Mudiraj / Mutrasi / Tenugollu.
20. Munnurukapu (Telangana)
21. Nagavamsam (Nagavamsa) vide G.O.Ms.No. 53, BC Welfare Dept., dated:19/09/1996
22. Nelli(deleted vide G.O.Ms. No. 43, B.C.W(C2) Dept., Dt.07/08/2008)
23. Polinativelmas of Srikakulam and Visakhapatnam districts
24. . . . deleted vide G.O. Ms.No. 16 Backward Classes Welfare (C2) Dept., dt. 19/02/2009
25. Passi
26. Rangrez or Bhavasarakshtriya
27. Sadhuchetty
28. Satani (Chattadasrivaishnava)
29. Tammali (Non-Brahmins) (Shudra Caste) whose traditional occupation is playing musical instruments, vending of flowers and giving assistance in temple service but not Shivarchakars. Included vide G.O. Ms. No. 7, Backward Classes Welfare (C2) Dept., Dt. 19/02/2011).
30. Turupukapus or Gajula kapus {... the words "of Srikakulam, Vizianagaram and Vishakhapatnam Districts" were deleted vide G.O.Ms.No. 62, Backward Classes Welfare (C2) Dept., dt. 20/12/2008 and G.O. Ms.No. 19 Backward Classes Welfare (C2) Dept., dt. 19/02/2009} who are subject to Social customs or divorce and remarriage among their women (G.O. Ms. No. 65, E&SW, dt. 18.02.1994)
31. Uppara or Sagara
32. Vanjara (Vanjari)
33. Yadava (Golla)
34. Are, Arevallu and Arollu of Telangana District (Included vide G.O.Ms.No. 11, Backward Classes Welfare (C-2) Department, dt. 13/5/2003 and G.O.Ms. No. 41, B.C.W(C2) Dept., Dt.07/08/2008)
35. Sadara, Sadaru of Anantapur Dist. Only vide G.O.Ms.No. 11 BCW (C-2) Dept., Dt. 9-04-2008
36. Arava of Srikakulam District only. Included in vide G.O. MS. No. 24 BC W (C2) Dept., Dt. 4/07/08.
37. Ayyaraka, of Srikakulam, Vizianagaram, Visakhapatnam, East Godavari, West Godavari, Krishna, Guntur, Khammam and Warangal Districts only. Included in vide G.O. MS. No. 25 BC W (C2) Dept., Dt. 4/07/08.

38. Nagaralu of Srikakulam, Vizianagaram, Visakhapatnam, Krishna, Hyderabad and Rangareddy Districts only. Included in vide G.O. MS. No. 27 BC W (C2) Dept., Dt. 4/07/08.
39. Aghamudian, Aghamudiar, Agamudivellalar and Agamudimudaliar including Thuluva Vellalas of Chittoor, Nellore, Kurnool, Anantapur, Hyderabad and Rangareddy Districts only. Included in vide G.O. MS. No. 20 BC W (C2) Dept., Dt. 4/07/08.
40. Beri Vysya, Beri Chetty of Chittoor, Nellore and Krishna Districts only. Included in vide G.O. MS. No. 21 BC W (C2) Dept., Dt. 4/07/08
41. Atirasa included vide G.O. Ms.No. 5 Backward Classes Welfare (C2) Dept., dt. 19/02/2009. The area of operation shall be confined to East Godavari and West Godavari Districts only.
42. Sondi / Sundi included vide G.O. Ms.No. 11 Backward Classes Welfare (C2) Dept., dt. 19/02/2009.
43. Varala included vide G.O. Ms.No. 12 Backward Classes Welfare (C2) Dept., dt. 19/02/2009. The area of operation shall be confined to Telangana region only.
44. Sistakaranam included vide G.O. Ms.No. 13 Backward Classes Welfare (C2) Dept., dt. 19/02/2009.
45. Lakkamari Kapu included vide G.O. Ms.No. 14 Backward Classes Welfare (C2) Dept., dt. 19/02/2009. The area of operation shall be confined to Telangana region only.
46. Veerashaiva Lingayat/Lingabaliya, included vide G.O. Ms.No. 22 Backward Classes Welfare (C2) Dept., dt. 28/02/2009.
47. Kurmi, included vide G.O.Ms. No. 12, Backward Classes Welfare (C2) Dept., Dt. 27/05/2011. The area of operation shall be confined to Telangana Region and also Krishna District only.
48. Kalinga Komati / Kalinga Vysya vide G.O. Ms. No.10 Backward classes Welfare (c) Department Dated.24.9.2014. The area of operation shall be confined to Srikakulam, Vizianagaram and Visakhapatnam districts only.

#### **GROUP – E**

##### **(Socially and Educationally Backward Classes of Muslims)**

1. Achchukattalavandlu, Singali, Singamvallu, Achchupanivallu, Achchukattuvaru, Achchukatlavandlu.
2. Attar Saibuli, Attarollu
3. Dhobi Muslim/ Muslim Dhobi/ Dhobi Musalman, Turka Chakla or Turka Sakala, Turaka Chakali, Tulukka Vannan, Tskalas or Chakalas, Muslim Rajakas.
4. Faqir, Fhakhir Budbudki, Ghanti, Fhakhir, Ghanta Fhakhiru, Turaka Budbudki, Derves, Fakeer
5. Garadi Muslim, Garadi Saibulu, Pamulavallu, Kani-Kattuvallu, Garadollu, Garadiga.
6. Gosangi Muslim, Phakeer Sayebulu
7. Guddi Eluguvallu, Elugu Bantuvallu, Musalman Keelu Gurralavallu
8. Hajam, Nai, Nai Muslim, Navid
9. Labbi, Labbai, Labbon, Labba
10. Pakeerla, Borewale, Deraphakirlu, Bonthala
11. Kureshi/ Khureshi, Khasab, Marati Khasab, Muslim Katika, Khatik Muslim
12. Shaik/ Sheikh
13. Siddi, Yaba, Habshi, Jasi
14. Turaka Kasha, Kakkukotte Zinka Saibulu, chakkitakanevale, Terugadu Gontalavaru, Thirugatiganta, Rollaku Kakku Kottevaru, Pattar Phodulu, Chakketakare, Thuraka Kasha
15. Other Muslim groups excluding  
Syed, Saiyed, Sayyad, Mushaik;  
Mughal, Moghal;  
Pathans;  
Irani;  
Arab;  
Bohara, Bohra;  
Shia Imami Ismaili, Khoja;  
Cutchi-Memon;  
Jamayat;  
Navayat;

and all the synonyms and sub-groups of the excluded groups; and except those who have been already included in the State List of Backward Classes.

**N.B.:**1. The above list is for information and subject to confirmation with reference to G.O. Ms. No. 58, SW(J) Department, dated 12/05/1997 and time to time orders.

2. On account of any reason whatsoever in case of any doubt/ dispute arising in the matter of community status (SC/ST/BC/OC) of any candidate, subject to satisfaction with regard to relevant rules and regulations in force the decision of the Commission shall be final in all such cases.