

TELANGANA STATE PUBLIC SERVICE COMMISSION: HYDERABAD

NOTIFICATION NO. 40/2017. Dt. 15/08/2017

**CIVIL ASSISTANT SURGEON SPECIALISTS IN TELANGANA VAIDYA VIDHANA  
PARISHAD (HM & FW DEPARTMENT)  
(GENERAL RECRUITMENT)**

**PARA – I:**

1) Applications are invited Online from qualified candidates through the proforma Application to be made available on Commission's WEBSITE ([www.tspsc.gov.in](http://www.tspsc.gov.in)) to the post of **Civil Assistant Surgeon Specialists in Telangana Vaidya Vidhana Parishad (HM & FM Dept) in the State of Telangana.**

- i. Submission of ONLINE applications from Dt. 22/08/2017
- ii. Last date for submission of ONLINE applications Dt. 15/09/2017
- iii. Hall Tickets can be downloaded 07 days before commencement of Examination.

2) **The Examination (Objective Type) is likely to be held on Dt. 22/10/2017 F.N & A.N**  
The Commission reserves the right to conduct the Examination either **COMPUTER BASED RECRUITMENT TEST (CBRT) or OFFLINE OMR based Examination of objective type.**

Before applying for the posts, candidates shall register themselves as per the One Time Registration (OTR) through the Official Website of TSPSC. Those who have registered in OTR already, shall apply by login to their profile using their TSPSC ID and Date of Birth as provided in OTR.

**IMPORTANT NOTE:** Candidates are requested to keep the details of the following documents ready while uploading their OTR Applications.

- i. Aadhar number
- ii. Educational Qualification details i.e., SSC, INTERMEDIATE, DEGREE, POST GRADUATION etc. and their Roll numbers, Year of passing etc.
- iii. Community/ Caste Certificate obtained from Mee Seva/ E Seva i.e., Enrollment number and date of issue for uploading in OTR.

3) The candidates who possess requisite qualification may apply online by satisfying themselves about the terms and conditions of this recruitment. The details of vacancies are given below:-

Sl.No.	Name of the Post	No. of Vacancies	Age as on 01/07/2017 Min. Max.	Scale of Pay Rs.
1.	Civil Assistant Surgeon Specialist (Obstetrics & Gynecology) In Telangana Vaidya Vidhana Parishad	41	18 – 44*	40,270 - 93,270/-
2.	Civil Assistant Surgeon Specialist (Pediatrics) In Telangana Vaidya Vidhana Parishad	27	18 – 44*	40,270 - 93,270/-
3.	Civil Assistant Surgeon Specialist (Anesthesia) In Telangana Vaidya Vidhana Parishad	39	18 – 44*	40,270 - 93,270/-
4.	Civil Assistant Surgeon Specialist (Orthopedics) In Telangana Vaidya Vidhana Parishad	05	18 – 44*	40,270 - 93,270/-
5.	Civil Assistant Surgeon Specialist (ENT) In Telangana Vaidya Vidhana Parishad	20	18 – 44*	40,270 - 93,270/-
6.	Civil Assistant Surgeon Specialist (Dermatology) In Telangana Vaidya Vidhana Parishad	01	18 – 44*	40,270 - 93,270/-

7.	Civil Assistant Surgeon Specialist (Pathology) In Telangana Vaidya Vidhana Parishad	16	18 – 44*	40,270 - 93,270/-
8.	Civil Assistant Surgeon Specialist (General Medicine) In Telangana Vaidya Vidhana Parishad	34	18 – 44*	40,270 - 93,270/-
9.	Civil Assistant Surgeon Specialist (Psychiatric) In Telangana Vaidya Vidhana Parishad	03	18 – 44*	40,270 - 93,270/-
10.	Civil Assistant Surgeon Specialist (Radiology) In Telangana Vaidya Vidhana Parishad	03	18 – 44*	40,270 - 93,270/-
11.	Civil Assistant Surgeon Specialist (General Surgery) In Telangana Vaidya Vidhana Parishad	16	18 – 44*	40,270 - 93,270/-
<b>TOTAL</b>		<b>205</b>		

(The **Details of Vacancies** department wise i.e., Community, Zone and Gender wise (General / Women) may be seen at **Annexure-I.**)

**IMPORTANT NOTE:** The number of vacancies are subject to variation on intimation being received from the appointing authority

#### **4) EDUCATIONAL QUALIFICATIONS:**

Applicants must possess the qualifications from a recognized University/ Institution as detailed below or equivalent thereto, as specified in the relevant Service Rules, indented by the Department as on the Date of Notification.

<b>Post Code</b>	<b>Name of the Post</b>	<b>Educational Qualifications</b>
1	Civil Assistant Surgeon Specialist (Obstetrics & Gynecology) In Telangana Vaidya Vidhana Parishad	Must possess Post Graduate Degree/ Diploma examination or its equivalent in the concerned specialty form a College recognized by the Medical Council of India. Must be registered on permanent basis, with Telangana State Medical Council.
2	Civil Assistant Surgeon Specialist (Pediatrics) In Telangana Vaidya Vidhana Parishad	
3	Civil Assistant Surgeon Specialist (Anesthesia) In Telangana Vaidya Vidhana Parishad	
4	Civil Assistant Surgeon Specialist (Orthopedics) In Telangana Vaidya Vidhana Parishad	
5	Civil Assistant Surgeon Specialist (ENT) In Telangana Vaidya Vidhana Parishad	
6	Civil Assistant Surgeon Specialist (Dermatology) In Telangana Vaidya Vidhana Parishad	
7	Civil Assistant Surgeon Specialist (Pathology) In Telangana Vaidya Vidhana Parishad	
8	Civil Assistant Surgeon Specialist (General Medicine) In Telangana Vaidya Vidhana Parishad	
9	Civil Assistant Surgeon Specialist (Psychiatric) In Telangana Vaidya Vidhana Parishad	

10	Civil Assistant Surgeon Specialist (Radiology) In Telangana Vaidya Vidhana Parishad	
11	Civil Assistant Surgeon Specialist (General Surgery) In Telangana Vaidya Vidhana Parishad	

**5)AGE:** Minimum 18 years & Maximum 44\* years. The age is reckoned as on 01/07/2017 (Rule- 12(1)(a)(v) of State and Subordinate Service Rules).

**Minimum Age (18 years):** A Candidate should not be born after 01/07/1999.

**Maximum Age (44 years):** A candidate should not be born before 02/07/1973.

The Upper Age limit will be relaxed as per Rules (shown in the table) and will be calculated on the above lines.

**\*As per G.O. Ms. No. 329 GA(Ser.A) Dept., Dt. 27/07/2015 read with G.O. Ms. No. 264 GA(Ser.A) Dept., Dated: 26-07-2016 and G.O.Ms.No.190 GA (Ser.A) Dept., Dated:08-08-2017, the upper age limit is raised by 10 years.**

N.B.: 1) No person shall be eligible if he/she is less than 18 years of age.  
2) No person shall be eligible if he/she crossed 58 years of age (Superannuation age).

**Age Relaxations:** The upper age limit prescribed above is however relaxable in the following cases:

Sl. No.	Category of candidates	Relaxation of age permissible
1	2	3
1.	Retrenched temporary employees in the State Census Department with a minimum service of 6 months.	3 Years
2.	Telangana State Government Employees (Employees of TSRTC, Corporations, Municipalities etc. are not eligible).	5 Years based on the length of regular service.
3.	Ex-Service men	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

**6) (a) FEE:** (Remittance of Fee) Each applicant must pay **Rs. 200/- (RUPEES TWO HUNDRED ONLY)** towards Online Application Processing Fee. This apart, the applicants have to pay **RS. 120/- (RUPEES ONE HUNDRED AND TWENTY ONLY)** towards Examination Fee. However, the following category of candidates belonging to Telangana State only are exempted from payment of Examination fee.

a) SC, ST, BC & PH.

b) Unemployed applicants in the age group of 18 to 44 years (They have to submit declaration at an appropriate time to the Commission that they are unemployed).

N.B.: BC's, SC's and ST's belonging to other states are not exempted from payment of Application processing Fee and Examination Fee and they are not entitled for any kind of reservation.

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

The Fee mentioned at Para-I(6)(a) is to be paid online through SBI ePay duly following online instructions once the application form details are submitted by filling TSPSC ID, date of birth and other particulars.

The fee once remitted, shall not be refunded or adjusted under any circumstances. Failure to pay the examination fee, application fee, wherever applicable will entail total rejection of application. The list of Banks providing service for the purpose of online remittance of fee is given in **ANNEXURE – II**.

**PARA-II: CENTRES FOR THE WRITTEN EXAMINATION:**

1) The Examination will be held at **HYDERABAD (including HMDA Jurisdiction) only or as may be decided by the Commission.**

- 2) However, the Commission reserves the right to abolish / create new centre or centres for administrative reasons. Request for change of the centre will not be entertained.

### **PARA-III: HOW TO APPLY:**

#### **A) HOW TO UPLOAD THE APPLICATION FORM:**

- (i) The Applicants have to read the **User Guide** for Online Submission of Applications and then proceed further.
- I Step: The Candidate has to visit the WEBSITE **http://www.tspsc.gov.in** and fill the OTR application if not registered earlier to obtain TSPSC ID. While filling the same, the candidates have to ensure that there are no mistakes in it. The Commission bears no responsibility for the mistakes, if any, made by the candidates.
- II STEP: The candidates have to visit the website **http://www.tspsc.gov.in** to submit Application and Click on the Link with Notification Number and Name, provide TSPSC ID and Date of Birth to proceed further.
- Candidate has to verify the details fetched from various databases pertaining to qualification, caste, Aadhar etc, and displayed on the screen. If the displayed details are correct he/she has to click **Yes** on confirm button. If any details are not displayed or need to be changed, he/she should click **No** on confirm button. If details are not displayed a text box will open and candidate has to feed the details manually. Required documents have to be uploaded by clicking the upload button. In addition to the details obtained from OTR database, Notification specific details such as Examination Centre opted, required qualification, university details, eligibility and accepting declarations etc. are to be filled by the candidate. Preview and Edit facility is available to make changes and submit for proceeding to Next step of making online payment of fee.
- III STEP:-Immediately on entering the above details, the applicant will get payment gateway of SBI ePay.
- IV STEP:-The applicant should pay the prescribed fee as specified through any of the four modes of payment online. Separate instructions have to be followed for each mode of payment.
- V STEP:-After payment of fee, the PDF Application will be generated which contains the particulars furnished by the candidates. The ID No in the PDF Application form has to be quoted for future reference/correspondence.
- i) Candidate shall note that, the details available with OTR database at the time of submitting the application will be considered for the purpose of this notification. If, any changes are made by the candidate to OTR database at a later date will not be considered for the purpose of this Notification.
  - ii) Hand written/ Typed/ Photostat copies/ outside printed Application Form will not be accepted and liable for rejection.
  - iii) The applicants should be willing to serve anywhere in Telangana State.
  - iv) For any Technical problems related to Online submission and downloading of Hall-Tickets please contact 040-23120301 or 040-23120302(Call Time: 10.30 A.M to 1.00 P.M & 1.30 P.M to 5.30 P.M) or mail to [helpdesk@tspsc.gov.in](mailto:helpdesk@tspsc.gov.in)

#### **NOTE:**

1. The Commission is not responsible, for any discrepancy in Bio-data particulars while submitting the application form through Online. The applicants are therefore, advised to strictly follow the instructions and User guide in their own interest before submitting the application.
2. The particulars furnished by the applicant in the Application Form will be taken as final, and data entry is processed, based on these particulars only by Computer. Candidates should, therefore, be very careful in Uploading / Submitting the Application Form Online.
3. Incomplete/incorrect application form will be summarily rejected. The information if any furnished by the candidate subsequently in any form 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 through the final stage of recruitment process or even at a later stage.
4. Before Uploading/Submission of 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- IV GENERAL PROVISIONS**

1. Applicant must compulsorily fill-up all relevant columns of application and submit application through website only. The particulars made available in the website shall be processed through computer and the eligibility decided in terms of notification.
2. 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 discrepancy.
3. Applicants must upload his/her own scanned photo and signature through J.P.G format.
4. The applicants should not furnish any particulars that are false, tampered, fabricated or suppress any material information while making an application through website.
5. All the essential certificates issued by the competent authority of Telangana State shall compulsorily be kept with the applicants to produce as and when required to do so. Failure to produce the required certificates on the day of verification will lead to disqualification.
6. **Important** – The claim of the candidates with regard to the date of birth, educational / technical qualifications, experience and community are accepted only provisionally on the information furnished by them in their application form and is subject to verification and satisfaction of the Commission. Mere admission to any test or interview or inclusion of the name of a candidate in a Merit List will not confer on the candidate any right for appointment. The candidature is therefore, provisional at all stages and the Commission reserve the right to reject candidature at any stage of the selection even after the advice has been made.
7. This Recruitment is entrusted to TSPSC along with Finance Clearance vide G.O. Ms. No. 89 Finance (HRM.VII) Department, Dt. 13/07/2016, G.O. Ms. No. 85 Finance (HRM.VII) Department, Dt. 18/05/2017.

The following certificates must be kept ready by the candidates for the purpose of verification and also at the time of making Online application.

- i). Aadhar card.
- ii). Proof of Educational Qualifications.
- iii). Date of Birth Certificate / S.S.C
- iv). School Study Certificate
- v). Declaration by the Unemployed (For claiming examination fee exemption)
- vi). No Objection Certificate from Employer (if anywhere employed)
- vii). Proof of Registration on permanent basis with Telangana State Medical Council.

The following Certificates should be obtained from Govt. of Telangana State in prescribed proforma for the purpose of verification.

- viii). Community Certificate.
- ix). Non-Creamy Layer Certificate as per Form- VIIB / Creamy Layer Certificate as per Form-VIIC.
- x). Certificate of Residence / Nativity (where the Candidates not studied in School / Private Study)

The following Certificates (whichever is applicable) should be obtained from Competent Medical authority for the purpose of verification.

- xi). a) Medical Certificate for the Blind  
b) Certificate of Hearing Disability and Hearing Assessment  
c) Medical Certificate in respect of Orthopedically Handicapped Candidates

#### **PARA-V:- IMPORTANT LEGAL PROVISIONS GOVERNING THE RECRUITMENT PROCESS:**

1. **Vacancies**: The recruitment will be made to the vacancies notified before the examination only. There shall be no waiting list as per G.O. Ms. No. 81 General Administration (Ser.A) Department, Dated 22/02/1997. If additional vacancies are reported by the Government an addendum to that effect will be issued.
2. **Recruitments**:- 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 Vide G.O.Ms.No.48 Health Medical and Family Welfare(C1) Dept, Dt. 29/01/2000, adopted to TS in G.O.Ms.No.3 HM&FW(B2) Dept, Dt. 07/01/2016, and G.O.Ms.No.142, HM&FW (B1) Dept, Dt. 01/05/2017 and as per Government orders issued from time to time, and other related G.Os, Rules etc., applicable in this regard.

3. **Rules:** All are informed that the various conditions and criterion prescribed herein are governed by the General Rules of existing State and Subordinate Service Rules, 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.
4. **Constitutional Provisions:-** 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 d (ix) (a) of the TSPSC Rules of Procedure read with reference to 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 followed. A candidate shall be disqualified for appointment, if he himself / she herself or through relations or friends or any others has canvassed or endeavored to enlist for his candidature, extraneous support, whether from official or non-official sources for appointment to this service.
5. **Zonal/Local:-** The Zonal and Local Reservations shall be followed as per the Para -8 of A.P. Public Employment (Organization of Local Cadres and Regulation of Direct Recruitment) Order, 1975 (G.O.P. No. 674, G.A. (SPF-A) Dept., Dated: 20/10/1975) read with G.O. Ms. No. 124, General Administration (SPF-A) Department, dated: 07/03/2002 and other orders issued by the Government and within the meaning of Sections 3 and 97 of A.P. State Reorganization Act 06/2014.
6. **Employed:-** The persons already in Government Service/ Autonomous bodies/ Government aided institutions etc., whether in permanent or temporary capacity or as work charged employees are required to inform in writing to the Head of Office / Department, as the case may be and required to submit the "No objection" from the concerned Head of Office / Department to the Commission as and when required to do so.
7. **Penal Action:-** The Commission is also empowered to invoke the penal provisions of the A.P. Public Examinations (Prevention of Malpractices and Unfair means) Act 25/97 for matters connected therewith or incidental thereto and as per the Rules of Procedure of TSPSC published in Telangana Gazette No: 60 dated 28/12/2015 in respect of this Notification.
8. **Caste & Community:** Community Certificate issued by the competent authority (obtained from Government of Telangana State) in terms of G.O.Ms No. 58, SW (J) Dept., dt: 12/5/97 read with G.O. Ms. No. 5 Scheduled Castes Development (POA.A2) Dept., Dt. 08/08/2014, G.O. Ms. No. 11 Scheduled Castes Development (POA.A2) Dept., Dt. 17/09/2014 and G.O. Ms. No. 2 Scheduled Castes Development (POA.A2) Dept., Dt. 22/01/2015 should be submitted at appropriate time in respect of SC & ST Candidates. In respect of candidates belonging to Backward Classes are required to produce Community Certificate (BC-A, BC-B, BC-C, BC-D& BC-E) from Competent Authority i.e., from Tahsildars in the State of Telangana not below the rank of Deputy Tahsildar through E-seva/Mee-seva (G.O. Ms. No. 16 BCW(OP) Dept., Dt. 11/03/2015) and orders and instructions issued by the Government from time to 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. BC's, SC's and ST's belonging to other states are not entitled for any kind of reservation.
9. **Reservation:-** (i)The Reservation and eligibility in terms of General Rule 22 & 22 (A) of State and Subordinate Service Rules are applicable.
  - (ii) Reservation to Disabled persons is subject to their eligibility to any of the above category of posts and shall be subject to Telangana State and Subordinate Service Rules governing the posts. The required extent of deformity and the genuineness of the Medical Certificate and in the case of ambiguity or doubt, the same shall be referred to the Appellate Medical Boards as per the instructions of the Government.
  - (iii) The Reservation to Women will apply as per Telangana State and Subordinate Service Rules.
  - (iv) Reservation to BC-E group will be subject to the adjudication of the litigation before the Honorable 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.

## **PARA-VI: RESERVATION TO LOCAL CANDIDATES**

Reservation to the Local candidates is applicable as provided in 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 certificates (from IV Class to X Class or SSC) (OR) Residence Certificate in the Proforma only for those candidates who have not studied in any Educational Institutions as the case may be. The relevant certificates may be got ready with authorized signature and kept with the candidates to produce as and when required.

**DEFINITION OF LOCAL CANDIDATE:-** In terms of Para-(7) of A.P. Public Employment (Organization of Local Cadres and Regulation of Direct Recruitment) Order, 1975 (G.O.P. No. 674, G.A. (SPF-A) Dept., Dated: 20/10/1975). "LOCAL CANDIDATE" means a candidate for direct recruitment to any post in relation to that Local area 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 and obtained SSC or its equivalent qualification or Open School, Private Study basis, he/she has to produce residential certificate issued by the Tahsildar.

- i) In case any Candidate who 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 qualification, 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 or 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) and obtained private study the place of residence during the above period will be taken into consideration and local candidature will be 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.
- ii) 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 Tahsildar or Deputy Tahsildar in independent charge of Mandal.
- iii) 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 Tahsildar exercising jurisdiction have to be obtained in respect of different areas.

### **NOTE:**

(A) Residence Certificate will not be accepted, if a candidate has studied in any educational institution up to 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. The Open school students must invariably enter the residence particulars in the Application form, failing which they will automatically fall under "OTHER" (NON-LOCAL) category.

(B) **Each of the following Zones comprises the Districts mentioned against each Zone.**

**The following are the Present Zones in the Telangana State:**

- V** Adilabad, Karimnagar, Warangal and Khammam. (ADB, KRMN, WGL, KMM)
- VI** Hyderabad, Ranga Reddy, Nizamabad, Mahaboobnagar, Medak and Nalgonda. (HYD, RRD, NZB, MBNR, MDK, NLG)

### **Certain vacancies are earmarked for City Cadre**

**City Cadre:** City of Hyderabad consists of Hyderabad Division, Secunderabad Division of Municipal Corporation of Hyderabad, Secunderabad Contonment area, O.U.Campus, Fatehnagar, Bowenpally, Macha Bolarum, Malkajgiri, Uppal Khalsa, Alwal, Balanagar, Moosapet, Kukatpally Panchayat Areas and Zamistanpur and Lallaguda villages. (HYD)

NB: Where City Cadre is not organized separately Candidates belonging to City Cadre – City of Hyderabad will be considered under Zone-VI

**PARA-VII: SCHEME OF EXAMINATION:-** The Scheme & Syllabus for the examination has been shown in **ANNEXURE-III**.

**PARA-VIII: PROCEDURE OF SELECTION:**

THE SELECTION OF CANDIDATES FOR APPOINTMENT TO THE POSTS WILL BE MADE IN TWO SUCCESSIVE STAGES VIZ.,

i) Examination (Objective Type) by Online / OMR based.

**AND**

ii) Oral Test in the shape of Interview (only for those qualified as per Rules).

THE FINAL SELECTION OF THESE POSTS WILL BE BASED ON THE EXAMINATION EITHER ONLINE OR OMR BASED AND INTERVIEW MARKS PUT TOGETHER.

1. Those candidates who qualify in the Examination (Objective Type) in order of merit will be called for verification of Certificates and Interview in 1:2 ratio, Community and Category wise for the vacancies available. The minimum qualifying marks for Interview / Selection are OCs 40%, BCs 35% SCs, STs and PH 30%. The minimum qualifying marks are relaxable in the case of SC/ST/BC/PH at the discretion of the Commission.
2. The candidates will be selected and allotted to Service / Department in Telangana State as per their rank in the merit list and as per zonal preference for allotment of candidates against vacancies and for the vacancies available.  
N.B.: Mere securing minimum qualifying marks does not vest any right in a candidate for being considered for selection.
3. The appearance in all papers at the Written Examination as per rules is compulsory. / Absence in any paper/ papers will automatically render his candidature as disqualified.
4. Candidates have to produce Original documents and other particulars on the day of verification itself. If candidate fails to produce any of the required certificates and if the particulars furnished by him / her in the Application do not tally with the Original documents produced him / her, then his / her candidature will be rejected/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.
5. While the Commission calls for preference of candidates in respect of posts, zones etc., 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 assigning 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. Mere claim of preference for any Zone for allotment against vacancy does not confer a right to selection for that Zone in particular or any Zone in general.
6. The appointment of selected candidates (other than Physically challenged) will be subject to their being found medically fit in the appropriate Medical Examination, and if he/she is of sound health, active habits free from any bodily defect or infirmity.

**PARA-IX: DEBARMENT:**

- a) 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 for five years from appearing for any of the examinations conducted by the commission, and summarily rejection of their candidature for this recruitment.
- b) The Penal Provisions of Act 25/97 published in the State 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.
- c) 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 and as may be decided by the Commission.
- d) 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, will be debarred permanently from any exam or selection held by the Service Commission in the country.

**MEMORANDUM OF MARKS:-** Memorandum of Marks will be issued on payment of Rs.200/- (Rupees Two Hundred Only) through Online Payment in favour of the Secretary,



T.S. Public Service Commission, Hyderabad. Request for Memorandum of Marks from candidates, will be entertained after one month from the date of publication of the final results in TSPSC Website. The Memorandum of Marks will be issued to the candidates for a period of 90 days only. Request for revaluation or recounting will not be undertaken under any circumstances. Invalid, disqualified, ineligible candidates will not be issued any Memorandum of Marks and fees paid by such candidates, if any, will be forfeited to Government account, without any correspondence in this regard.

In case of Off-line examination, if any candidate fails to mark the Booklet Series, Roll Number etc., in the OMR Answer Sheet, the Commission reserves the right to invalidate such Answer Sheets as Answer Sheets are valued by Optical Mark Scanner. No request for reconsideration of such rejected/invalidated cases will be entertained under any circumstances whatsoever.

**PARA-X:-** Please read the following Annexures appended to the Notification before filling the application form.

- i) ***Breakup of Vacancies***
- ii) ***Payment gateway***
- iii) ***Scheme and Syllabus***
- iv) ***Instructions to the Candidates***
- v) ***List of Communities***

**PARA XI: SPECIAL INSTRUCTIONS TO CANDIDATES:**

Candidates are directed to follow the Commission's Website ([www.tspsc.gov.in](http://www.tspsc.gov.in)) regularly to know the latest developments of this Recruitment and any changes/ Modifications/ Addendum/ Corrigendum, dates of Examination, calling of candidates for verification of Certificates/ Interviews/ Results etc. Candidates are advised to go through the Instructions to Candidates enclosed to this Notification at Annexure-IV.

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

The decision of the Commission in all aspects and in 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 time 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: 15/08/2017**

**Sd/-**  
**SECRETARY**

**ANNEXURE – I**

**BREAKUP OF PROVISIONAL VACANCIES FOR THE POST OF CIVIL ASSISTANT SURGEON SPECIALISTS IN TELANGANA  
VAIDYA VIDHANA PARISHAD (HM & FW DEPARTMENT)**

CIVIL ASSISTANT SURGEON		OC		BC-A		BC-B		BC-C		BC-D		BC-E		SC		ST		PH (VH)		TOTAL		GRAND TOTAL
		G	W	G	W	G	W	G	W	G	W	G	W	G	W	G	W	G	W	G	W	
ANEASTHESIA	Zonal - V	6	2	-	1	-	1	1	-	-	-	-	1	1	-	1	-	1	8	7	<b>15</b>	
	Zonal -VI	7	4	1	1	1	1	1	-	-	1	-	1	2	2	-	1	-	1	12	12	<b>24</b>
	CC	NIL																				
DERMATOLOGY	Zonal - V	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	<b>1</b>
	Zonal -VI	NIL																				
	CC	NIL																				
GENERAL MEDICINE	Zonal - V	6	2	-	1	-	1	1	-	-	-	-	1	1	-	1	-	1	8	7	<b>15</b>	
	Zonal -VI	6	3	-	1	-	1	1	-	-	1	-	2	1	-	1	-	1	9	9	<b>18</b>	
	CC	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	<b>1</b>
ENT	Zonal - V	2	1	-	1	-	-	-	-	-	-	-	1	1	-	1	-	1	3	5	<b>8</b>	
	Zonal -VI	3	1	-	1	-	1	-	-	-	-	-	1	1	-	1	-	1	4	6	<b>10</b>	
	CC	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	2	<b>2</b>
GENERAL SURGERY	Zonal - V	2	1	-	1	-	-	-	-	-	-	-	1	1	-	-	-	1	3	4	<b>7</b>	
	Zonal -VI	2	1	-	1	-	-	-	-	-	-	-	1	1	-	-	-	1	3	4	<b>7</b>	
	CC		1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	2	<b>2</b>
GYNAECOLOGY	Zonal - V	6	3	1	1	-	1	1	-	-	1	-	2	1	-	1	-	1	10	10	<b>20</b>	
	Zonal -VI	7	3	1	1	-	1	1	-	-	1	-	2	1	-	1	-	1	11	10	<b>21</b>	
	CC	NIL																				
ORTHOPEDICS	Zonal - V	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	<b>1</b>
	Zonal -VI	1	1	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	1	3	<b>4</b>	
	CC	NIL																				
PATHOLOGY	Zonal - V	2	1	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	2	3	<b>5</b>	
	Zonal -VI	2	1	-	1	-	-	-	-	-	-	-	1	1	-	1	-	1	3	5	<b>8</b>	
	CC	1	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	2	<b>3</b>	

RADIOLOGY	Zonal - V	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	
	Zonal -VI	NIL																				
	CC	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2	2
PSYCHIATRY	Zonal - V	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	2	2
	Zonal -VI	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
	CC	NIL																				
PAEDIATRICS	Zonal - V	5	2		1		1							1	1		1		1	6	7	13
	Zonal -VI	5	2		1		1	1						1	1		1		1	7	7	14
	CC	NIL																				
<b>TOTAL</b>		<b>63</b>	<b>36</b>	<b>3</b>	<b>16</b>	<b>1</b>	<b>9</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>3</b>	<b>17</b>	<b>20</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>13</b>	<b>92</b>	<b>113</b>	<b>205</b>

**IMPORTANT NOTE:** The number of vacancies are subject to variation on intimation being received from the appointing authority.

**ANNEXURE-II**

**List of Banks for making payment through SBI ePay.**

<b><u>STATE BANKGROUP</u></b>	5.Oriental Bank of Commerce	17.Lakshmi Vilas Bank	6.Punjab National Bank
1.State Bank of India	6.United Bank of India	18.Punjab & Sind Bank	7.Union Bank of India
2.State Bank of Bikaner & Jaipur	7.Vijaya Bank	19.IDBI Bank	<b><u>LIST – C</u></b>
3.State Bank of Hyderabad	8.City Union Bank	20.Indusind Bank	1.HDFC Bank
4.State Bank of Mysore	9. Catholic Syrian Bank	21.Syndicate Bank	2.ICICI Bank
5.State Bank of Patiala	10.Federal Bank	<b><u>LIST – B</u></b>	3.Bank of Bahrain and Kuwait
6. State Bank of Travancore	11. ING Vysya Bank	1.Canara Bank	4.Citi Bank
<b><u>LIST - A</u></b>	12.Jammu & Kashmir Bank	2.Central Bank of India	5.Indian Overseas Bank
1.Bank of Maharashtra	13. KarurVysya Bank	3.Deutsche Bank	6.Karnataka Bank
2.Corporation Bank	14.South Indian Bank	4.Dhanalaxmi Bank	7.Ratnakar Bank
3.Dena Bank	15.Tamilnadu Mercantile Bank	5.Kotak Bank	
4.Indian Bank	16.DCB Bank		

<b>CHANNEL</b>	<b>AMOUNT RS.</b>	<b>PRICING IN RS.</b>
Internet Banking		
State Bank Group (6 Banks)	All amounts	Rs.3/-per transaction +Taxes
All other Banks	List-A (21 Banks)	Rs.5/-per transaction +Taxes
	List-B (7 Banks)	Rs.8/-per transaction +Taxes
	List-C (7 Banks)	Rs.12/-per transaction +Taxes
<b>Debit Card</b>		
All Banks ( Master/Mastreo/Visa/Rupay )	Up to 2000/-	0.75 % of the transaction amount + Taxes
	2001/- & above	1.00% of the transaction +Taxes
<b>Credit card</b> (Master/Visa/AMEX/Rupay)	All amounts	1.00% of transaction amount + Taxes
IMPS – Mobile payments	All Amounts	Rs. 7/- of the transaction Amount + Taxes

**ANNEXURE-III****SCHEME AND SYLLABUS FOR THE POST OF CIVIL ASSISTANT SURGEONS  
(SPECIALISTS) IN HM & FW DEPARTMENT****Scheme of Examination**

<b>Part-A:WRITTEN EXAMINATION (Objective Type)</b>	<b>No.of Questions</b>	<b>Duration (Minutes)</b>	<b>Maximum Marks</b>
Paper-I: General Studies and General Abilities	<b>150</b>	<b>150</b>	<b>150</b>
<b>Paper-II: Concerned Subject</b> <b>Section. A:</b> Basic U.G.Syllabus ( <b>Common to All</b> ) (75 Questions) <b>Section. B:</b> Concerned P.G.Diploma/ P.G. Degree Syllabus for the post of C.A.S. General Medicine/General Surgery (75 Questions)	<b>150</b>	<b>150</b>	<b>300</b>
<b>Part-B:Interview</b>			<b>50</b>
		<b>Total</b>	<b>500</b>

**Syllabus****PAPER-I: GENERAL STUDIES AND GENERAL ABILITIES**

1. Current Affairs: International, National and State.
2. Society, Heritage and Culture, Polity, Economy, Human Development Indices and the Development Programmes in India and Telangana.
3. Natural Resources in India and Telangana: their distribution, exploitation, conservation and related issues.
4. Basic concepts of Ecology and Environment and their impact on health and economy; Disasters and Disaster management.
5. Impact of changing demographic trends on health, environment and society.
6. Agriculture, Industry, Trade, Transportation and Service sectors in India and Telangana.
7. Food adulteration, Food processing, food distribution, food storage and their relevance to public health.
8. Recent trends in Science and Technology.
9. Telangana Statehood movement and formation of Telangana State.
10. Moral values and Professional ethics.
11. Logical Reasoning: Analytical Ability and Data Interpretation.

**PAPER-II: CONCERNED SUBJECT  
(Consists of Section-A & Section-B)**

**SECTION.A: MEDICAL SCIENCE AND GENERAL MEDICINE (COMMON TO ALL)**

**1. Anatomy**

The subject deals with the structure of human body. The curriculum for subject is as follow:

- a. General Anatomy
- b. Regional Anatomy
  - i. Upper limb
  - ii. Lower limb
  - iii. Abdomen and Pelvis
  - iv. Thorax
  - v. Head & Neck
  - vi. Spinal Cord & Brain
- c. Micro-Anatomy
  - i. General Histology
  - ii. Systemic Histology
- d. Developmental Anatomy
  - i. General Embryology
  - ii. Systemic Embryology
- e. Genetics
- f. Radiological Anatomy, USG, CT, MRI
- g. Surface Anatomy, Living & Marking

**2. Physiology**

- a. General Physiology.
- b. Hematology
- c. Nerve
- d. Muscle
- e. Respiratory Physiology
- f. Cardiovascular Physiology
- g. Renal Physiology
- h. Body Temperature Regulation
- i. Alimentary System
- j. Nutrition
- k. Endocrine System
- l. Reproductive Physiology
- m. Special Senses: Eye, Ear, Taste, Smell
- n. Central Nervous System
- o. Bio Physics
- p. Environmental Physiology

**3. Bio ChEMISTRY**

- a. Molecular and functional organization of a cell and its sub-cellular components.
- b. Chemistry of enzymes and their clinical applications.
- c. Chemistry and metabolism of proteins and related disorders.
- d. Chemistry and metabolism of purines and pyrimidines and related disorders.
- e. Chemistry and functions of DNA and RNA, Genetic code; Protein bio synthesis & regulation (Lac-operon)
- f. The principles of genetic engineering and their applications in medicine.
- g. Chemistry and Metabolism of haemoglobin.
- h. Biological oxidation.
- i. Molecular concept of body defense and their applications in medicine.
- j. Vitamins and Nutrition.
- k. Chemistry and metabolism of carbohydrates and related disorders.
- l. Chemistry and metabolism of lipids and related disorders.
- m. Mineral metabolism: Water and electrolyte balance & imbalance.
- n. Acid base balance and imbalance.
- o. Integration of various aspects of metabolism and their regulatory pathways. Starvation metabolism.
- p. Mechanism of hormone action.

- q. Environmental biochemistry.
- r. Liver function tests, Kidney function tests, Thyroid function tests
- s. Detoxification mechanisms.
- t. Biochemical basis of cancer and carcinogenesis.
- u. Radioisotopes.
- v. Investigation techniques Colorimeter, Electrophoresis, Chromatography & Flame photometer.

#### **4. Pathology**

- a. General Pathology
- b. Haematology
- c. Systemic Pathology
- d. Clinical Pathology
- e. Autopsy

#### **5. Microbiology**

- a. General Microbiology
- b. Immunology
- c. Systemic Bacteriology
- d. Mycology
- e. Virology
- f. Parasitology

#### **6. Pharmacology**

- a. Introduction to Pharmacology
- b. General Pharmacology:
- c. Autonomic Pharmacology:
- d. Cardiovascular System Including Drugs Affecting Coagulation and Those Acting On Kidneys:
- e. Haematinics and Haematopoietic Factors:
- f. Neuropsychiatric Pharmacology Including Inflammation, Pain & Substance Abuse
- g. Chemotherapy Including Cancer Chemotherapy:
- h. Endocrinology:
- i. Agents Used In Gastrointestinal Disorders:
- j. Peri operative Management
- k. Rational Pharmacotherapy:
- l. Miscellaneous Topics:  
Anti Allergies, Immuno modifying drugs, vaccines, Sera, Drugs acting on uterus, Drug interactions, Chelating Drugs, Drugs in extremes of age, Pregnancy, Drugs in organ disfunction, General anaesthetics, ocular and dermatological pharmacology.

#### **7. Forensic Medicine and Medical Jurisprudence and Toxicology**

- a. History of Forensic Medicine
- b. Need, Scope, Importance and probative value of Medical evidence in Crime Investigation
- c. Personal identity need and its importance.
- d. Mechanical Injuries And Burns
- e. Medico-Legal Aspects of Sex, Marriage And Infant Death
- f. Medico-Legal Aspects Of Death
- g. Medico-Legal Autopsy
- h. Forensic Psychiatry
- i. Poisons And Their Medico-Legal Aspects
- j. Forensic Science Laboratory
- k. Legal And Ethical Aspects Of Practice Of Medicine
- l. Definition Of Health And Items To Certify About Health
- m. Acts And Schemes Related To Medical Profession

#### **8. Social and Preventive Medicine / Community Medicine**

- a. Basic concept of Health and disease
- b. Principles of epidemiology and epidemiological methods
- c. Screening for diseases
- d. Epidemiology of Communicable diseases
- e. Epidemiology of chronic non-communicable diseases and conditions
- f. National Health Programmes of India
- g. Essential medicines and counterfeit medicines
- h. Demography and family planning

- i. Preventive medicine in obstetrics paediatrics and geriatrics
- j. Nutrition and health
- k. Medicine and social sciences
- l. Environment and health
- m. Hospital waste management
- n. Disaster management
- o. Occupational health
- p. Genetics and health
- q. Mental health
- r. Health information and basic medical statistics
- s. Communication for health education
- t. Health planning and management
- u. Health care of the community
- v. NGO's & International health

### **9. Medicine**

- a. Principals of Medicine. Good medical practice, Therapeutics, Molecular & Genetic factors in disease, Immunological factors in disease, Environmental & nutritional factors in disease, Principles of Infectious diseases, Ageing & disease.
- b. Practice of Medicine.
- c. Critical Illness, Acute medical care, Emergencies & total management.
- d. Poisoning,
- e. Medical psychiatry,
- f. Oncology,
- g. Palliative care and pain,
- h. Infectious disease,
- i. HIV & AIDS,
- j. STD's,
- k. Clinical Biochemistry & Metabolism, & Lab reference ranges,
- l. Kidney & Urinary tract disease,
- m. Cardiovascular system,
- n. Respiratory diseases,
- o. Endocrine Diseases and Diabetes
- p. Alimentary Tract and Pancreatic Diseases
- q. Liver and Biliary Diseases
- r. Blood Diseases,
- s. Musculo Skeletal Diseases,
- t. Neurological diseases,
- u. Stroke,
- v. Skin diseases,
- w. Geriatrics.

### **10. Paediatrics**

- a. Introduction of Paediatrics.
- b. Normal Growth and Normal Development and its disorders.  
Adolescent health and Development
- c. Nutrition, Micro nutrients in health and diseases
- d. New born infant
- e. Immunization and Immuno deficiencies
- f. Infections and infestations
- g. Disorders of gastro intestinal system, liver and Fluid & Electrolyte disturbances
- h. Disorders of Respiratory system, Cardio vascular system, Kidney, Urinary tract, Endocrine, Metabolic, Rheumatological, Genetic and Neuro Muscular
- i. Central nervous system
- j. Inborn Errors of Metabolism
- k. Haematological disorders
- l. Childhood malignancies
- m. Poisonings, injuries and accidents
- n. Paediatric critical care
- o. National Health Programme for Child including Immunization Programmes



**11. Psychiatry**

- a. Nature and development of different aspects of normal human behaviour like learning memory, motivation, personality and intelligence.
- b. Recognition of differences between normal and abnormal behaviour,
- c. Classification of psychiatric disorders
- d. Organic psychosis,
- e. Functional psychosis,
- f. Schizo-phrenia,
- g. Affective disorders,
- h. Neurotic disorders,
- i. Personality disorders,
- j. Psycho-physiological disorders,
- k. Drug & Alcohol dependence,
- l. Psychiatric disorders of childhood and adolescence
- m. Use of different modes of Therapy in Psychiatric Disorders

**12. Dermatology and Sexually Transmitted Diseases and Leprosy**

- a. Common skin diseases etiology pathology clinical features complications investigations and complete management
- b. Common sexually transmitted diseases etiology pathology clinical features complications investigations and complete management National AIDS control programmes
- c. Leprosy etiology pathology clinical features investigations complications and complete management, National leprosy eradication programme
- d. Various modes of topical therapy, Commonly used drugs, their doses, side-effects/toxicity, indications and contraindications and interactions common dermatological medical and surgical procedures for various skin diseases and STD's

**13. Tuberculosis and Respiratory Diseases**

- a. Common chest diseases clinical manifestations, investigations, complications and complete management.
- b. Mode of action of commonly used drugs, their doses, side effects/ toxicity, indications and contra-indications and interactions, common medical and surgical procedures for various respiratory diseases and tuberculosis and National Tuberculosis Control Programmes.

**14. Radiodiagnosis and Radiotherapy****Radiodiagnosis,**

- a. Basics of X-Ray production it's uses and hazards.
- b. Identification and diagnosis of changes in bones like fractures, infections, tumour and metabolic diseases.
- c. Identification and diagnosis of various radiological changes in diseases conditions of chest & mediastinum, skeletal system, GIT, Hepatobiliary system, and Genito-urinary system.
- d. Isotopes, Computerised Tomography(CT) Ultrasound, Magnetic Resonance Imaging(M.R.I.) and D.S.A.

**Radiotherapy**

- a. Symptoms and signs of various cancers, investigations and management.
- b. Basic principles of Radiotherapy and effect of radiation therapy on human beings
- c. Radio-active isotopes and their physical properties.
- d. Advances made in radiotherapy in cancer management
- e. Radiotherapeutic equipment.

**15. Surgery****I. General Principles**

- a. Wound healing and management, management of severely injured. Metabolic response to injury
- b. Asepsis, antisepsis, sterilization.
- c. Surgical sutures.
- d. Acute, chronic Surgical infections and their management. Bites and stings.
- e. Hospital infection.
- f. AIDS and Hepatitis B; Occupational hazards and prevention.

- g. Mechanism and Management of missile, blast and gunshot injuries. Trauma and Disaster Management.
- h. Organ transplantation - Basic principles.
- i. Nutritional support to surgical patients.
- j. Diagnostic Imaging
- k. Resuscitation, Fluid electrolyte balance, Shock, Blood transfusion and Common postoperative complications.
- l. Anaesthesia and pain relief
- m. Day care surgery
- n. Principles of Laparoscopic and Robotic surgery
- o. Principles of Oncology
- p. Surgical Audit and Research.

## II. Etiopathology Clinical Features and Management of :

- a. Common skin and subcutaneous conditions.
- b. Disorders of Arteries, Veins, Lymphatics and Lymph nodes
- c. Burns
- d. Disorders of Scalp, Skull and Brain
- e. Disorders of Oral cavity, jaws, salivary glands and neck.
- f. Disorders of Thyroid, Para Thyroid and Adrenal glands
- g. Diseases of Thorax, Heart, Pericardium and Breast
- h. Diseases of Oesophagus, Stomach, Duodenum, Liver, Spleen, Gall Bladder, Bile ducts, Pancreas, Peritoneum, Omentum, Mesentery and Retroperitoneal space.
- i. Diseases of Small Intestine, Large Intestine, Appendix, Rectum, Anal Canal.
- j. Acute Abdomen and Hernias.
- k. Diseases of Genito-Urinary system, Prostate, Seminal Vesicles, Urethra, Penis, Scrotum and Testis.

## 16. Orthopedics

### Applied Anatomy, Etiopathogenesis, Clinical features and Management of:

- a. Bone injuries and dislocations
- b. Common infections of bones and joints,
- c. Congenital and skeletal anomalies,
- d. Common Degenerative and Metabolic Bone diseases in India,
- e. Neoplasms affecting Bones, joints and soft tissues.
- f. Sports injuries.

## 17. E.N.T.

- a. Anatomy and physiology of Ear, Nose, Throat
- b. Diseases of the Ear
- c. Diseases of the Nose and paranasal sinuses
- d. Diseases of the Oral Cavity and Salivary Glands
- e. Diseases of the pharynx
- f. Diseases of the Larynx and Trachea
- g. Diseases of the Oesophagus
- h. Deafness, Audiometry, Hearing Aids, and Rehabilitation

## 18. Ophthalmology

- a. Introduction Anatomy & Physiology of the Eye
- b. Ophthalmic Optics and Refraction
- c. Common Disease of Eye.
- d. Disorders of Ocular Motility
- e. Diseases of the Eye Adnexa
- f. Systemic Ophthalmology
- g. Principles of Management of Major Ophthalmic Emergencies
- h. Ophthalmic Pharmacology
- i. Community Ophthalmology and NPCB
- j. Nutritional Ophthalmology

## 19. Obstetrics and Gynaecology

- a. Anatomy, Physiology, Patho Physiology of Reproductive system, common conditions affecting it and its management.
- b. Normal pregnancy, Labour, Puerperium and the Management of concerned problems.
- c. Causes of maternal and perinatal morbidity and mortality

- d. Principles of contraceptions and various techniques, methods of Medical termination of pregnancy, sterilization and their complications.
- e. Use and abuse and side effects of drugs in pregnancy, pre-menopausal and post-menopausal periods.
- f. National programmes, maternal child health and family welfare and their implementation at various levels.
- g. Common Gynaecological diseases and principles of their management.
- h. Common obstetrical diseases and their medical and surgical management.

## PAPER – II: CONCERNED SUBJECT

### SECTION – B: OBESTETRICS AND GYNAECOLOGY (PG Diploma)

#### 1. Basic Sciences

- a) Normal and abnormal development, structure and function (Female & Male) urogenital system and female breast.
- b) Applied anatomy of genitor-urinary system, abdomen, pelvis, pelvic floor, anterior abdominal wall, upper thigh (inguinal ligament, inguinal canal, vulva, rectum and anal canal).
- c) Physiology of Spermatogenesis
- d) Endocrinology related to male and female reproduction (Neurotransmitters).
- e) Anatomy and physiology of urinary and lower GI (Rectum/ Anal canal) tract.
- f) Development, structure and function of placenta, umbilical cord and amniotic fluid.
- g) Anatomical and physiological changes in female genital tract during pregnancy.
- h) Anatomy of fetus, fetal growth and development, fetal physiology and fetal circulation.
- i) Physiological and Neuro-endocrinal changes during puberty, adolescence, menstruation, ovulation, fertilization, climacteric and menopause.
- j) Biochemical and endocrine changes during pregnancy, including systemic changes in cardiovascular, haematological, renal hepatic, and other systems.
- k) Biophysical and biochemical changes in uterus and cervix during pregnancy and labour.
- l) 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 through breast milk.
- m) Mechanism of action, excretion, metabolism of identified drugs used in the management of Gynaecological disorder.
- n) Role of hormones in Obstetrics and Gynaecology.
- o) Non Neoplastic and Neoplastic diseases.
- p) Pathophysiology of ovaries, fallopian tubes uterus, cervix, vagina and external genitalia in healthy and diseased conditions.
- q) Normal and abnormal pathology of placenta, umbilical cord, amniotic fluid and fetus.
- r) Normal and abnormal microbiology of genital tract. Bacterial, viral and parasitical infections responsible for maternal, fetal and gynaecological disorders.
- s) Humoral and cellular immunology in Obstetrics and Gynaecology.
- t) Gametogenesis, fertilization, implantation and early development of embryo.
- u) Normal pregnancy, physiological changes during pregnancy, labour and puerperium.
- v) Immunology of pregnancy.
- w) Lactation.

#### 2. Medical Genetics

- a) Basic medical genetics including cytogenetics
- b) Pattern of inheritance
- c) Chromosomal abnormalities – types, incidence, diagnosis, management and recurrence risk.
- d) General principles of Teratology.
- e) Screening, counselling and prevention of developmental abnormalities.
- f) Birth defects – Genetics, teratology and counselling.

#### 3. Clinical Obstetrics

- a) **Antenatal Care:**
  - Prenatal care of normal pregnancy including examination, nutrition, immunization and follow up.
  - Identification and management of complications and complication of pregnancy – abortion, ectopic pregnancy, vesicular mole, Gestational Trophoblastic Diseases, hyperemesis gravidarum, multiple pregnancy, antepartum hemorrhage, pregnancy, induced hypertension, preeclampsia,

eclampsia, other associated hypertensive disorders, Anemia, Rh incompatibility, diabetes, heart disease, renal and hepatic diseases, preterm – post term pregnancies, intrauterine fetal growth retardation.

- Neurological, haematological, dermatological diseases, immunological disorders and other medical and surgical disorders/ problems associated with pregnancy, Multiple pregnancies, Hydramnios, Oligiamnios.
- Diagnosis of contracted pelvis (CPD) and its management
- High risk pregnancy-
  - ✓ Pregnancy associated with complications, medical and surgical problems.
  - ✓ Prolonged gestation.
  - ✓ Preterm labour, premature rupture of membranes.
  - ✓ Blood group incompatibilities.
  - ✓ Recurrent pregnancy wastage.
- Evaluation of fetal and 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 and its management.
- Infections 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 and management of fetal malpositions and malpresentations.
- Management of pregnancies complicated by medical, surgical (with other specialities as required) and gynaecological diseases.
  - ✓ Anemia, haematological 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 associate with pregnancy – congenital genital tract developmental anomalies, Gynae pathologies – Fibroid uterus, CaCx, genital prolapse etc.
- Prenatal diagnosis (of fatal problems and abnormalities), treatment – Fatal therapy
- M.T.P, P.N.D.T. Act.
- National Health MCH programmes, Social obstetrics and vital statis
- Recent advances in Obstetrics.

**b) Intrapartum care:**

- Normal labour – mechanism and 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, caesarean 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 distocias.
- Analgesia and anaesthesia in labour.
- Maternal and fetal monitoring in normal and abnormal labour (including electronic fetal monitoring).
- Identification and management of intrapartum complications, Cord presentation, complication of 3<sup>rd</sup> stage of labour – retained placenta, inversion of uterus, rupture of uterus, post partum hemorrhage.

### c) **Post Partum**

- Complications of 3<sup>rd</sup> stage of labour – Retained placenta, inversion of uterus, post partum hemorrhage, rupture of uterus, Management of primary and secondary post partum hemorrhage, Retained placenta, uterine inversion, Post-partum collapse, amniotic fluid embolism.
- Identification and management of genital tract trauma – perineal tear, cervical/ vaginal tear, episiotomy complications, rupture uterus.
- Management of critically ill woman.
- Post partum shock, sepsis and psychosis.
- Post partum contraception
- Breast feeding practice, counselling and 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.

Haematological 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 and management.
- Neonatal hyper – bilirubinemia – investigation and management.
- Birth trauma – Detection and management
- Detection and management of fetal/ neonatal malformation.
- Management of common neonatal problems.

## 4. **Clinical Gynaecology**

- Epidemiology and etiopathogenesis of gynaecological disorders.
- Diagnostic modalities and management of common benign and malignant gynaecological diseases (diseases of genital tract):
  - ✓ Fibroid uterus
  - ✓ Endometriosis and adenomyosis
  - ✓ Endometrial hyperplasia
  - ✓ Genital prolapse (uterine & vaginal)
  - ✓ Cervical erosion, cervicitis, cervical polyps, cervical neoplasia.
  - ✓ Vaginal cysts, vaginal infections, vaginal neoplasia (VIN)
  - ✓ Benign Ovarian pathologies
  - ✓ Malignant genitals 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 Hyperprolactinemia, 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 and other infertility problems
  - ✓ Advanced Assisted Reproductive Techniques (ART)

- Reproductive tract infections: prevention, diagnosis and treatment.
  - ✓ STD
  - ✓ HIV
  - ✓ Other infections
  - ✓ Genital Tuberculosis
- Principals of radiotherapy and chemotherapy in gynaecological malignancies. Choice, schedule of administration and 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, hyperprolactinemia (galactorrhea), hyperandrogenism, thyroid – pituitary – adrenal disorders, menopause and its treatment (HRT).
- Urological problems in Gynaecology – Diagnosis and management.
  - ✓ Urinary tract infection
  - ✓ Urogenital Fistulae
  - ✓ Incontinence
  - ✓ Other urological problems
- Orthopaedic problems in Gynaecology
- Menopause: management (HRT) and prevention of its complications.
- Endoscopy (Laparoscopy – Hysteroscopy)
  - ✓ Diagnostic and simple therapeutic procedures
  - ✓ Recent advances in gynaecology – Diagnostic and therapeutic
  - ✓ Paediatric, Adolescent and Geriatric Gynaecology
  - ✓ Advance operative procedures.

#### 5. **Operative Gynaecology**

- Abdominal and vaginal hysterectomy
- Surgical procedures for genital prolapse, fibromyoma, endometriosis, ovarian, adenexal, uterine, cervical, vaginal and vulval pathologies.
- Surgical treatment for Urinary & other fistulae, Urinary incontinence.
- Operative endoscopy

#### 6. **Family Welfare and Demography**

- Definition of demography and its importance in Obstetrics and Gynaecology.
- Statistics regarding maternal mortality, perinatal mortality/ morbidity, birth rate, fertility rate.
- Organisational and operational aspects of National Health Policies and Programmes 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 developments)
  - ✓ Temporary methods
  - ✓ Permanent methods
  - ✓ Recent advances in contraceptive technology
- Medical termination of pregnancy: Act, its implementation, providing safe and adequate services.
- Demography and population dynamics
- Contraception (fertility control)

#### 7. **Male and Female Infertility**

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

## PAPER – II: CONCERNED SUBJECT

### SECTION – B: PEDIATRICS (PG Diploma)

#### 1. Basic Sciences

Chromosomal disorders, single gene disorders, multifactorial disorders/polygenic, genetic diagnosis, and prenatal diagnosis. Embryogenesis of different organ system especially heart, genitourinary system, gastrointestinal tract, applied anatomy of different organs, functions of kidney, liver, lungs, heart and endocrinal glands, Physiology of micturition and defecation, placental physiology, fetal and neonatal circulation, regulation of temperature (exp. Newborn), blood pressure acid base balance, fluid electrolyte balance, calcium metabolism, vitamins and their functions, hematopoiesis, hemostasis, bilirubin metabolism, growth and development at different ages, puberty and its regulation nutrition, normal requirements of various nutrients, basic immunology bio-statistics, clinical epidemiology, ethical and medico-legal issues, teaching methodology and managerial skills, Pharmacokinetics of commonly used drugs, microbial agents and their epidemiology.

#### 2. Neonatology and Community Paediatrics

- **Neonatology:** Normal newborn, low birth weight newborn, sick newborn. Perinatal care, normal newborn, care in the labour room and resuscitation, low birth weight, prematurity, newborn feeding, common transient phenomena, respiratory distress, apnea, infections, jaundice, anemia and bleeding disorders, neurologic disorders, gastrointestinal disorders, renal disorders, malformations, thermoregulation and its disorders, understanding of perinatal medicine. Maternal nutritional disorders: impact of fetal outcome, nutrition for the low birth weight, breast feeding including complementary feeding.
- **Community Paediatrics:** National health programmes related to child health, nutrition screening of community, prevention of blindness, school health programmes, prevention of sexually transmitted diseases, contraception, health legislation, child labour, adoption, disability and rehabilitation, rights of the child, national policy of child health and population, juvenile delinquency, Government and non-Government support services for children, investigation of adverse events following immunization in a community, general principles of prevention and control of infections including food borne, water, soil borne and vector borne diseases and investigation of an epidemic in a community.

#### 3. General Paediatrics including advances in Paediatrics

- **Nutrition:** Protein malnutrition (underweight, wasting, stunting) vitamin and mineral deficiencies trace elements and micro nutrient deficiencies obesity. Adolescent nutrition, nutritional management in diarrhea, nutritional management of systematic illness (celiac disease hepatobiliary disorders, nephrotic syndrome), parental and enteral nutrition in neonates and children.
- **Growth and Development:** Principles of growth and development, normal growth and development in childhood and adolescence, deviations in growth and development, sexual maturation and its disturbances. Short stature, obesity, precocious and delayed puberty, developmental delay, impaired learning.
- **Infections:** Bacterial, viral, fungal, parasitic, rickettsial, Mycoplasma, *Pneumocystis carini* infections, Chlamydia, protozoal and parasitic tuberculosis, HIV, nosocomial infections. Control of epidemics and infection prevention.
- **Immunization and Infections diseases:** Bacterial, viral, fungal, parasitic, rickettsial, Mycoplasma, *Pneumocystis carini* infections, Chlamydia, protozoal and parasitic tuberculosis, HIV, nosocomial infections. Control of epidemics and infection prevention.



- **Behavioural and Psychological disorders:** Rumination, pica, enuresis, encopresis, sleep disorders, habit disorders, breath holding spells, anxiety disorders, mood disorders, temper tantrums, attention deficit hyperactivity disorder, infantile autism.
- **Skin diseases:** exanthematous illness vascular lesions, pigment disorders, vesicobullous disorders, infections; pyogenic and fungal and parasitic, Steven Johnson syndrome, eczema, soborrhea dermatitis, drug rash, urticaria, alopecia, infantile autism.
- **Eye problems:** Refraction and accommodation, partial/ total loss of vision cataract, night blindness, chorioretinitis, strabismus, conjunctival and corneal disorders, ROP, retinoblastoma, optic atrophy, papilloedema.
- **ENT:** Acute and chronic otitis media, conductive/ sensorineural hearing loss, diphtheria – tonsillar, nasal post-diphtheritic palatal palsy, acute/chronic tonsillitis/ adenoids, allergic rhinitis/ sinusitis.
- **Emergency and critical care:** Emergency are of shock, cardiorespiratory arrest, respiratory failure, congestive cardiac failure, acute renal failure, status epilepticus, fluid and electrolyte disturbances and its therapy, acid base disturbances, poisoning, accidents, scorpion and snake bites.
- Accident and Common Poisoning.

#### 4. General Paediatrics including recent advances.

- **Neurology:** Limping child, convulsions, abnormality of gait, intracranial space occupying lesion, paraplegia, quadriplegia, large head, small head, floppy infant, acute flaccid paralysis, cerebral palsy and other neuromotor disability, headache.
- **Haematology and Oncology:** Deficiency anemia, haemolytic anemia, aplastic anemia/ pancytopenia, disorders of hemostasis, thrombocytopenia, blood component therapy, transfusion related infections, bone marrow transplant/ stem cell transplant, acute and chronic leukemia, myelodysplastic syndrome, Hodgkin's disease, non-Hodgkin's lymphoma, neuroblastoma, wilms tumor, hypercoagulable states.
- **GIT and Liver:** Acute, persistent and chronic diarrhea. Abdominal pain and distension, ascitis, vomiting, constipation, gastrointestinal bleeding, jaundice, hepato-splenomegaly and chronic liver disease, hepatic failure and encephalopathy.
- **Endocrinology:** Hypopituitarism/ hyperpituitarism, Diabetes insipidus, pubertal disorders, hypo and hyperthyroidism, hypo and hyperparathyroidism, adrenal insufficiency, Cushing's syndrome, adrenogenital syndromes, diabetes mellitus, short stature, failure to thrive, gonadal dysfunction and intersexuality, pubertal changes and gynaecological disorders.
- **Gastrointestinal and liver diseases:** Diseases of mouth, oral cavity and tongue, Disorders of deglutition and esophagus, peptic ulcer disease, *H.pylori* infection, foreign body, congenital pyloric stenosis, intestinal obstruction, malabsorption syndrome, acute and chronic diarrhea, irritable bowel syndrome, ulcerative colitis, Hirschsprung disease, anorectal malformations. Liver disorders: hepatitis, hepatic failure, chronic liver disease, Wilson's disease, Budd-Chiari syndrome, metabolic diseases of liver, cirrhosis, and portal hypertension.
- **Cardiovascular:** Murmur, cyanosis, congestive heart failure, systematic hypertension, arrhythmia, shock.
- **Respiratory:** Cough/ chronic cough, noisy breathing, wheezy child, respiratory distress, hemoptysis.
- **Miscellaneous:** Habit disorders, hyperactivity and attention deficit syndrome, arthralgia, arthritis, multiple congenital anomalies.

## PAPER – II: CONCERNED SUBJECT

### SECTION – B: ANAESTHESIOLOGY / ANAESTHESIA (PG DIPLOMA)

1. **Anatomy related to** – Diaphragm, upper and lower airway, regional anaesthesia, field block, central neuraxial blockade, block for acute pain states, intramuscular injections, arterial and venous cannulations and positioning.
2. **Physical related to**
  - a) Anaesthesia machine – assembly of necessary items.
  - b) Airway equipment including laryngoscopes, airway devices.
  - c) Breathing systems
  - d) Monitoring in anaesthesia with concepts of minimum monitoring
  - e) Gas laws, medical gas supply system
  - f) Fluidics
  - g) Electricity and diathermy
  - h) Oxygen therapy
3. **Physiology related to**
  - a) Theories of anaesthesia
  - b) Respiratory, cardiovascular, hepatobiliary, renal and endocrines system, pregnancy, blood, muscle & N-M Junction, ECG, regulation of temperature & metabolism, stress response, cerebral blood flow and ICP
  - c) Central, automatic and peripheral nervous systems
4. **Pharmacology related to**
  - a) General principles, concepts of pharmacokinetics and pharmacodynamics
  - b) Drug interactions in anaesthesiology
  - c) Drugs used for premedication, induction of anaesthesia, general anaesthetics-intra-venous and inhalational, neuromuscular block and reversal
5. Biochemistry relevant to fluid balance & blood transfusion, perioperative fluid therapy, acid base homeostasis in health and diseases.
6. Theoretical background of the commonly used anaesthetic techniques of general and regional anaesthesia, general principles of pre-anaesthetic assessment and medication, recovery from anaesthesia and post operative care, effects of positioning during anaesthesia.
7. Introduction to the operation theatre, post anaesthesia care rooms
8. Introduction to acute, chronic pain and pain management
9. Documentation and medico-legal aspects of anaesthesia. Concept of informed consent.
10. Resuscitation-basic and advanced life support (cardiac and trauma life support), neonatal resuscitation.
11. Intensive care of critical patients with introduction to artificial ventilation management of unconscious patients, oxygen therapy, shock-pathophysiology and management.
12. **Physics related to**
  - a) Equipment used in anaesthesia – monitors, ventilators, vaporizers, fibroptics.
  - b) Laser
  - c) Pacemaker and defibrillator
  - d) Non Invasive Monitoring equipment used for assessment of cardiac functions, temperature, respiratory functions, blood gases, depth of anaesthesia and neuromuscular block.
  - e) Sterilization of equipment
  - f) Computer in anaesthesia
13. Pharmacology of drugs used in cardiovascular, respiratory, endocrine, renal diseases and CNS disorders.
14. Interpretation of blood gases and other relevant biochemical values, various function tests and basics of measurement techniques, ECG
15. Special anaesthetic techniques as relevant to-
  - a) Outpatient anaesthesia, hypotensive anaesthesia, anaesthesia in abnormal environments including rural area and calamitous situations
  - b) Associated medical disorders in surgical patients.
16. Geriatric and paediatric anaesthesia

- 17.**Emergency, ENT, orthopaedic, ophthalmology, obstetrics, dental radio-diagnosis and radiotherapy
- 18.**Anaesthetic management of burns and plastic surgery,
- 19.**Patients with severe cardiac, respiratory, renal and hepatobiliary disorders posted for unrelated surgery
- 20.**Management of patients in shock, renal failure, critically ill and/ or on ventilator.
- 21.**Selection, maintenance and sterilization of anaesthesia and related equipment.
- 22.**Principles of human resources and material management
- 23.**General principles of medical audit.

## PAPER – II: CONCERNED SUBJECT

### SECTION – B: ORTHOPAEDICS (PG DIPLOMA)

- Metabolic Bone Diseases
- Bone Infection – pyogenic, tubercular and mycotic
  - Arthritis
  - Tubercular
  - Non-tubercular
  - Congenital Deformities
  - Developmental conditions
  - Diseases of joints and surgical treatments
  - Orthopaedic Neurology
  - Poliomyelitis, Cerebral palsy
  - Nerve injuries (Traumatic and non-traumatic)
  - Spina bifida and related disorders
  - Tumours of Bone – including secondary tumours of bone
  - Diseases of muscles
  - Fibrous diseases
  - Unclassified diseases of Bone
  - Paget's diseases
  - Tumours of Haemopoietic tissue
  - Histiocytic Lymphoma
  - Tumours invading bone from overlying structures
  - Peripheral vascular diseases
  - Bleeding disorders and orthopaedic manifestation, hemoglobinopathies and its orthopaedic manifestations.
  - Regional orthopaedic condition of adults and children
  - Spine
  - Cervicobrachial region
  - The shoulder
  - The elbow
  - The hand
  - The wrist
  - The hip
  - The knee
  - The foot and the ankle
  - The pelvis
  - Skin grafting and flaps
  - Trauma
  - Limb length inequality and its management
  - Microsurgical techniques in orthopaedics
  - Spinal cord injuries
  - Orthotics and prosthetics
  - AIDS related orthopaedic conditions
  - Theatre techniques and sterilization
  - Disaster relief
  - Advance trauma life support
  - Fractures:
    - Definitions, types, grades, patterns, complications
    - Pathology of fracture and fracture healing
    - Clinical and radiological feature healing
    - General principles of fracture treatment
    - Fractures of lower extremity
    - Fractures of hip and pelvis
    - Fractures of upper extremity and shoulder girdle
    - Fracture and dislocation in children
    - Malunited fractures
    - Delayed union and non-union of fractures
    - Fractures, dislocations and fracture dislocations of spine
    - Dislocation and subluxation
    - Acute dislocations

- Old unreduced dislocations
- Recurrent dislocations
- Traumatic disorders of joints
- Ankle injuries
- Knee injuries
- Shoulder and elbow injuries
- Wrist and hand injuries
- Arthrodesis:
  - Arthrodesis of lower extremity and hip
  - Arthrodesis of upper extremity
  - Arthrodesis of spine
- Bone grafts and bone substitute (bone banking)
- Arthroplasty:
  - Biomechanics of joints and joint replacement
  - Hip
  - Knee
  - Ankle
  - Shoulder
  - Elbow
- Arthroscopy
  - General principles of Arthroscopy
  - Arthroscopy of knee and ankle
  - Arthroscopy of shoulder and elbow
- Amputations and disarticulation.

## PAPER – II: CONCERNED SUBJECT

### SECTION – B: OTO- RHINO-LARYGOLOGY (ENT) (PG DIPLOMA)

- Anatomy and Physiology of Ear, Nose & Throat, Trachea and esophagus.
- The ears and nasal sinuses in the aerospace environment
- Physiological consideration of pressure effect 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 and 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 Audiometry, 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.

#### **Ear**

- 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.
- Tumors 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 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 the 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 (Pharyngeal Pouch)
- Oesophageal conditions in the practice of ear, nose and throat surgery
- Methods of examining the 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 (Hear and Neck)**

a)

- Functional Anatomy of cerebellum and brainstem
- Cranial nerves
- Raised intracranial tension-causes, diagnosis, management with particular reference to otitis hydrocephalus
- Head injuries and I.C. Haemorrhage
- Pituitary gland, anatomy, physiology hypo and hyper pituitarism, new growths.
- Intracranial venous sinuses and their affections.

b)

- Osteology: Skull, mandible cervical and thoracic vertebral sternum
- Cervical fascia, facial spaces in neck, retro pharyngeal and parapharyngeal Abscesses
- Anatomy and physiology of thyroid gland, goitre, diseases of the thyroid and carcinoma of thyroid

- Anatomy of mediastinum, large blood vessels in neck, thoracic duct development of major cervical 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



## PAPER – II: CONCERNED SUBJECT

### SECTION – B: DERMATOLOGY, VENREOLOGY & LEPROSY (PG DIPLOMA)

#### Topics Related to Allied Basic Sciences

- The structure, function and development of human skin
- Ultra structural aspects of epidermis, epidermal appendages, dermo-epidermal junction, dermis, and sub-cutis
- Immunology, molecular biology and genetics in relation to the skin.
- Epidermal cell kinetics and keratinization.
- Lipids of epidermis and sebaceous glands.
- Percutaneous absorption
- Skin as an organ of protection and thermoregulation
- Biology of eccrine and apocrine sweat glands
- Biology of melanocytes and melanin formation
- Biology of hair follicles, sebaceous glands and nails
- Epidermal proteins
- Dermal connective tissue : collagen, elastin, reticulin, basement membrane and ground substance
- Metabolism of carbohydrates, proteins, fats and steroids by the skin.
- Cutaneous vasculature and vascular reactions.
- Mechanism of cutaneous wound healing
- Cellular and molecular biology of cutaneous inflammation and arachadonic acid metabolism.
- Immunologic aspects of epidermis
- HLA system
- Immunoglobulins
- Cytokines and chemokines
- Lymphocytes, neutrophils, eosinophils, basophils, and mast cells
- Complement system
- Hypersensitivity and allergy
- Cutaneous carcinogenesis (chemical, viral & radiation)
- Basics of cutaneous bacteriology, mycology, virology, parasitology and host resistance.
- Common laboratory procedures, stains and culture media etc. related to the cutaneous diagnosis.
- Basic pathologic patterns and reactions of skin.
- Common laboratory stains and procedures used in the hisopathologic diagnosis of skin diseases and special techniques such as immunofluorescence, immunoperoxidase and other related techniques.

#### Clinical Dermatology

- Epidemiology of cutaneous disease
- Psychologic aspects of skin disease and psycho-cutaneous disorders.
- Pathophysiology and clinical aspects of pruritus.

#### Papulosquamous Diseases

- Psoriasis, Pityriasis rubra pilaris, pityriasis rosea.
- Parapsoriasis, Lichen Planus, Lichen nitidus.
- Palmo-plantar keratodermas, Darier's disease, Porokeratosis.
- Ichthyoses and ichthyosiform dermatose.

#### Vesiculo-Bullous Disorders

- Kyrle's disease and other perforating disorders.
- Erythema multiforme, Stevens-Johnson syndrome, Toxic epidermal necrolysis
- Bullous pemphigoid, Pemphigus
- Chronic bullous disease of childhood
- Herpes gestationis (pemphigoid gestationis)
- Hereditary epidermolysis bullosa
- Epidermolysis bullosa acquisita
- Dermatitis herpetiformis
- Familial benign pemphigus

- Subcorneal pustular dermatoses
- Pustular eruptions of palms and soles

### **Disorders of Epidermal Appendages and Related Disorders**

- Disorders of hair and nails
- Disorders of sebaceous glands
- Rosacea, perioral dermatitis, Acne
- Disorders of eccrine and apocrine sweat glands
- Follicular syndromes with inflammation and atrophy

### **Epidermal and Appendageal Tumours**

- Precancerous lesions, squamous cell carcinoma and Basal cell carcinoma
- Keratoacanthoma, Benign epithelial tumours, Appendageal tumours
- Merkel cell carcinoma, Paget's disease

### **Disorders of Melanocytes**

- Disorders of pigmentation, Albinism, Benign neoplasia and hyperplasias of melanocytes, Dysplastic melanocytic nevi, cutaneous malignant melanoma.

### **Inflammatory and Neoplastic Disorders of The Dermis**

- Acute Febrile Neutrophils dermatosis (Sweet's syndrome)
- Erythema Elevatum Diutinum
- Cutaneous Eosinophilic Diseases
- Granuloma Faciale
- Pyoderma Grangrenosum
- Erythema Annulare Centrifugum and other Figurate Erythemas
- Granuloma Annulare
- Malignant Atrophic Papulosis (Deigo's Disease)
- Neoplasms, Pseudo Neoplasms and Hyperplasias of the Dermis.
- Vascular Anomalies
- Kaposi's Sarcoma
- Anetoderma and other Atrophic Disorders of the skin
- Ainhum and pseudoainhum
- Neoplasias and hyperplasias of Neural and Muscular origin
- Elastosis Perforans Serpiginosa and Reactive Perforating Collagenosis

### **Lymphomas, Pseudolymphomas and Related Conditions**

#### **Disorders of Subcutaneous Tissue**

- Panniculitis
- Lipodystrophy
- Neoplasms of the subcutaneous Fat

#### **Disorders of the Muccocutaneous Integument**

- Biology and Disorders of the oral Mucosa
- Disorders of the Anogenitalia of Males and Females

#### **Cutaneous Changes in Disorders of Altered Reactivity**

- Genetic Immunodeficiency Disease
- Urticaria and Angioedema
- Disorders associated with Complement Abnormalities
- Graft-versus-Host Disease
- Muco-cutaneous Manifestations in immunosuppressed host other than HIV-infection
- Contact Dermatitis
- Auto Sensitization Dermatitis
- Atopic Dermatitis (Atopic Eczema)
- Nummular Eczematous Dermatitis
- Seborrhoeic Dermatitis
- Vesicular Palmoplantar Eczema

### **Skin Changes Due to Mechanical and Physical Factors**

- Occupational skin disease
- Radiobiology of the skin
- Skin problems in Amputee
- Sports Dermatology
- Skin problems in War field
- Decubitus Ulcers

### **Photomedicine, Photo Biology and Photo Immunology in Relation to Skin**

- Acute and chronic Effects of Ultraviolet Radiation and sun light on the skin.

### **Disorders Due to Drugs and Chemical Agents**

- Cutaneous reaction to Drugs
- Muccocutaneous Complications of Antineoplastic Therapy
- Cutaneous Manifestations of Drug Abuse

### **Dermatology and the Ages of Man**

- Neonatal Dermatological problems
- Pediatric and Adolescent Dermatological problems
- Ageing of skin
- Geriatric Dermatological problems

### **Skin Lesions in Nutritional Metabolic and Heritable Disorders**

- Cutaneous changes in Nutritional Disease
- Acrodermatitis Enteropathica and other zinc deficiency disorders
- Cutaneous changes in Errors of Amino Acid Metabolism: Tyrosinemia II, Phenylketonuria, Argininesuccinic Aciduria, and Alkaptonuria,
- Amyloidosis of the skin
- The porphyries
- Xanthomatosis and Lipoprotein Disorders
- Fobry's Disease; Galactosidase – A deficiency (Angiokeratoma Corporis Diffusum Universale)
- Lipid Proteinosis
- Cutaneous mineralization and ossification
- Heritable Disorders of Connective Tissue with skin changes
- Heritable diseases with increased Sensitivity to Cellular injury
- Basal Cell Naevus Syndrome

### **Skin Manifestations of Hematologic Disorders**

- Skin changes in hematological Disease
- Langerhans Cell and other cutaneous histiocytoses
- The Mastocytosis Syndrome

### **Skin Manifestations of Systemic Disease**

- The skin and disorders of the Alimentary Tract
- The Hepatobiliary system and the skin
- Cutaneous changes in renal disorders, cardiovascular, pulmonary disorders and endocrinal disorders
- Skin changes and diseases in pregnancy
- Skin changes in the Flushing Disorders and the Carcinoid syndrome

### **Skin Manifestations of Rheumatologic Disease**

- Lupus erythematosus
- Dermatomyositis
- Scleroderma
- Systemic Necrotizing Arteritis
- Cutaneous Necrotising venulitis
- Cryoglobulinemia and Cryofibrinogenemia
- Relapsing Polychondritis
- Rheumatoid Arthritis, Rheumatic Fever and Gout
- Sjogren's syndrome
- Raynaud's phenomenon
- Reiter's syndrome
- Multicentric Reticulohistiocytosis

### **Cutaneous Manifestations of Disease in Other Organ Systems**

- Sarcoidosis of the skin
- Cutaneous Manifestations of Internal Malignancy
- Acanthosis Nigricans
- Scleredema
- Popular Mucinosis
- Neurocutaneous Disease

- Tuberos Sclerosis Complex
- The Neurofibromatosis
- Ataxia Telangiectasia
- Behcet's Disease

#### **Bacterial Diseases with Cutaneous Involvement**

- General Considerations of Bacterial Diseases
- Pyoderms : Staphylococcus aureus, Streptococcus, and others
- Staphylococcal Scalded – Skin syndrome
- Soft Tissue Infections : Erysipelas, Cellulitis, and Gangrenous Cellulitis
- Gram. Negative Coccal and Bacillary Infections
- Bartonellosis
- Miscellaneous Bacterial Infections with Cutaneous Manifestations
- Tuberculosis and other mycobacterial infections
- Actinomycosis, Nocardiosis, and Actinomycetoma
- Lyme disease and Borreliosis
- Kawasaki Disease

#### **Fungal Diseases with Cutaneous Involvement**

- Superficial Fungal Infection: Dermatophytosis, Tinea Nigra, Piedra
- Yeast Infections: Candidiasis, Pitryiasis (Tinea) Versicolor
- Deep Fungal Infections

#### **Viral and Rickettsial Disease**

- Viral Diseases : General Consideration
- Rubella (German Measles)
- Measles
- Hand Foot and Mouth Disease
- Herpangina
- Erythema Infectiosum and Parvovirus B 19 infection
- Herpes simplex
- Varicella and Herpes Zoster
- Cytomegalovirus Infection
- Epstein – Barr Virus Infections
- Human Herpes virus 6 & 7 infections and Exanthem subitum (Roseola Infantum or Sixth Disease)
- Smallpox and Complications of small pox vaccination
- Contagious Pustular Dermatitis, Contagious Ecthyma: Orf virus infection
- Molluscum Contagiosum
- Milker's Nodules
- Warts
- Human Retroviral Disease : Human T-Lymphotropic Viruses.

## PAPER – II: CONCERNED SUBJECT

### SECTION – B: PATHOLOGY (PG DIPLOMA)

- General Pathology including Immunopathology
- Systematic Pathology
- Hematology
- Blood Banking including Transfusion medicine
- Cytopathology
- Laboratory organisation including quality Control
- Basic Microbiology & Clinical biochemistry

#### **General**

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

#### **Cytology**

- Fine needle aspiration cytology – Staining & interpretation
- Cytology of body fluids – Staining and interpretation

#### **Histopathology**

- Histopathology techniques including section cutting
- Haemotoxylin and Eosin stain and special stains which include PAS stain, Alcian blue stain, Reticulin stain, Masson's Trichrome and Perl's stain
- Principles of immunohistochemistry and immunofluorescence

#### **Hematology**

- Anticoagulants
- Preparation of Lesihman's stained and reagents for blood counts
- Hands on experience in different methods of Haemoglobin estimation RBC, WBC, Platelets and Reticulocyte counts, AEC, PCV, ESR and absolute indices and Coagulation tests
- Preparation and interpretation of Peripheral smear and Bone Marrow
- Haemolytic workup including sickle cell preparation, Hb F & electrophoresis etc.
- Cytochemistry – Peroxidase/ sudan black B, PAS, LAP, NSE and Perl's stain
- Quality control and use of automated cell counters
- Cleaning of Glass ware

#### **Blood Bank**

- Blood grouping and typing
- Cross matching
- Coomb's test
- Donor screening and blood collection
- Testing for STS, HIV, Hepatitis B & C
- Rh antibody titration
- Cold agglutinin titre
- Quality control

#### **Microbiology**

- a) Grams stain
  - b) Z.N.Stain
  - c) Hanging drop
  - d) KoH/ Lactophenol preparation for fungi
1. Sterilization techniques, culture methods, identification and reporting.
  2. Widal, VDRL, HIV, HBV, CRP, RF, ASO.

***Clinical Biochemistry***

Basic Biochemistry applied to biochemical investigations:

Photocolorimeter, Spectrophotometer, pH-Meter, Flame photometer, Semi Autoanalyser and Autoanalyser Electrophoresis, blood sugar, urea, creatinine, proteins, bilirubin, SGOT, SGPT, Alkaline Phosphatase etc.

**PAPER – II: CONCERNED SUBJECT****SECTION – B: GENERAL MEDICINE (PG)****I. Medicine**

- a. Principles of Medicine. Good medical practice, Therapeutics, Molecular & Genetic factors in disease, Immunological factors in disease, Environmental & nutritional factors in disease, Principles of Infectious diseases, Ageing & disease.
  - b. Practice of Medicine.
  - c. Critical Illness, Acute medical care, Emergencies & total management.
  - d. Poisoning,
  - e. Medical psychiatry,
  - f. Oncology,
  - g. Palliative care and pain,
  - h. Infectious disease,
  - i. HIV & AIDS,
  - j. STD's,
  - k. Clinical Biochemistry & Metabolism, & Lab reference ranges,
  - l. Kidney & Urinary tract disease,
  - m. Cardiovascular system,
  - n. Respiratory diseases,
  - o. Endocrine Diseases and Diabetes
  - p. Alimentary Tract and Pancreatic Diseases
  - q. Liver and Biliary Diseases
  - r. Blood Diseases,
  - s. Musculo Skeletal Diseases,
  - t. Neurological diseases,
  - u. Stroke,
  - v. Skin diseases,
  - w. Geriatrics.
- II.**
- a. Metabolic Diseases
  - b. Environmental disorders
  - c. National Health Programmes
  - d. Recent Advances
  - e. Other Misc. disorders
  - f. Medical Ethics or legal liabilities (CPA).

## PAPER – II: CONCERNED SUBJECT

### SECTION – B: DPM (PSYCHIATRIC) (PG DIPLOMA)

#### Theoretical Concepts

- a. Abuse (Physical / Sexual) Or Neglect of Child / Adult
- b. Adjustment Disorder
- c. Anxiety Disorders (Including Panic Disorder, Agoraphobia, Phobias, Obsessive-Compulsive Disorder, Posttraumatic Stress Disorder, Acute Stress Disorder, Generalized Anxiety Disorder, etc.)
- d. Case- Presentations (Including History Taking, Neurological Examination, Mental Status Examination etc.,)
- e. Child Psychiatry (Including Learning Disorders, Motor Skills Disorder, Communication, Disorders, Pervasive Developmental Disorders (Autistic Disorder, Rett's Disorder, Childhood Disintegrative, Disorder, Asperger's Disorder), Attention – Deficit / Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder, Pica, Tic Disorders, Elimination Disorders, Separation Anxiety Disorder, Selective Mutism, Reactive Attachment Disorder of Infancy Or Early Child hood, Stereotypic Movement Disorder, etc.,)
- f. Classification In Psychiatry
- g. Community Psychiatry
- h. Consultation – Liaison Psychiatry
- i. Culture Bound Syndromes
- j. Dissociative Disorders (Including Dissociative Amnesia, Dissociative Fugue, Dissociative Identity Disorder, Depersonalization Disorder, etc.,)
- k. Eating Disorders (Including Anorexia Nervosa, Bulimia Nervosa, etc.,)
- l. Electro- Convulsive Therapy
- m. Electrophysiology (Including Chronobiology, Electroencephalogram, etc., )
- n. Emergencies In Psychiatry
- o. Emotional Intelligence
- p. Epidemiology
- q. Ethics In Psychiatry
- r. Factitious Disorders
- s. Forensic and Legal Psychiatry (Including Indian Lunacy Act, Mental Health Act, Persons with Disability Act, Narcotic and Psychotropic Substance Act)
- t. History Of Psychiatry
- u. Impulse – Control Disorders (Including Intermittent Explosive Disorder, Kleptomania, Pyromania, Pathological Gambling Trichotillomania, etc.,)
- v. Learning- Theories
- w. Memory
- x. Mental Health Issues In Women
- y. Mind Retardation
- z. Mind – the evolving concepts
- aa. Miscellaneous: Noncompliance, Malingering, Antisocial Behavior, Borderline Intellectual Functioning, Age-Related Cognitive Decline, Bereavement (Including Death,) Academic Problems, Occupational Problems, Identity Problems, Religious Or Spiritual Problems, Acculturation Problems, Phase Of Life Problems, Chronic Fatigue Syndrome, etc.,)
- bb. Mood Disorders (Including Depressive Disorders, Bipolar Disorders, Cyclothymic Disorder, etc.)
- cc. Movement Disorders (Including Medication- Induced Movement Disorders, etc.)
- dd. Neuroanatomy
- ee. Neuroimaging
- ff. Neuropathology
- gg. Neurophysiology
- hh. Neuropsychology (Including Psychological Features Of Cerebral Disorders, Clinical Assessment etc.)
- ii. Organic Psychiatry (Including Amnestic Disorders, Catatonic Disorder, Cerebrovascular Disorders, Delirium, Dementia, Endocrine, Epilepsy, Head Injury, Headache, HIV – Aids, Infections, etc.)
- jj. Personality Disorders



- kk. Placebo Effect
- ll. Pre-Menstrual Dysphoric Disorder
- mm. Post – Partum Psychiatric Disorders
- nn. Psychodynamics
- oo. Psychology (General)
- pp. Psychometry / Psychodiagnostics
- qq. Psychopharmacology
- rr. Psychosis (Including Schizophrenia, Schizophreniform Disorder, Schizoaffective Disorder, Delusional Disorder, Brief Psychotic Disorder, Shared Psychotic Disorder, etc. )
- ss. Psychosomatic Disorders
- tt. Psychosurgery
- uu. Psychotherapy
- vv. Sexual And Gender Identity Disorders (Including Sexual Desire Disorders, Sexual Arousal Disorders, Orgasmic Disorders, Sexual Pain Disorders, Vaginismus, Paraphilias, etc.)
- ww. Sleep Disorders (Including Insomnia, Narcolepsy, Breathing – Related Sleep Disorders, Circadian Rhythm Sleep Disorders, Parasomnias, Nightmare Disorder, Sleep Terror Disorder, Sleepwalking Disorder, etc. )
- xx. Somatoform Disorders (Including somatization Disorder, Undifferentiated Somatoform Disorder, Conversion Disorder, Pain Disorder, Hypochondriasis Body Dysmorphic Disorder, etc.)
- yy. Statistics / Research Methodology
- zz. Stress
- aaa. Stupor
- bbb. Substance Related Disorders (Including Alcohol- Related Disorders, Amphetamine – Related Disorders, Caffeine- Related Disorders, Cannabis-Related Disorders, Cocaine- Related Disorders, Hallucinogen- Related Disorders, Inhalant-Related Disorders, Nicotine-Related Disorders, Opioid - Related Disorders, Phencyclidine-Related Disorders, Sedative, Hypnotic, or Anxiolytic Related Disorders, etc.)
- ccc. Suicide
- ddd. Transcultural Psychiatry

## PAPER – II: CONCERNED SUBJECT

### SECTION – B: RADIO-DIGNOSIS/RADIOLOGY (PG DIPLOMA)

#### A. Physics Apparatus, Photography and Film Faults

1. Introduction of general properties of radiation and matter. Fundamentals of nuclear physics and radioactivity.
2. Production of x-rays.
3. X-ray Generating Apparatus
4. Interaction of x-rays and gamma rays with matter and their effects on irradiated materials.
5. Measurement of X and gamma rays.
6. Interaction of x-ray with the patient
7. The Radiological Image
8. The Image Receptor
9. Contrast Enhancement
10. Radiation hazards and protection
11. Quality Assurance
12. Fundamentals of electromagnetic radiation
13. Characteristic properties of X-rays
14. X-rays equipments
  - a) Conventional equipments
  - b) Fluoroscopy – Conventional and Imaging Intensifier
  - c) Advanced equipments - US, CT, MRI, Doppler, Angiography, Cine Fluoroscopy and Cine Angiography.
15. Quantity Assurance & evaluation of performance of X-rays equipments.
16. Contrast Media – types, chemical composition, mechanism of action, dose schedule, route of administration, adverse reaction and their management.
17. Nuclear Medicine: Equipments and isotopes in various organ systems and recent advances in the field of nuclear medicine.
18. Picture archiving and communication system (PACS) and Radiology information system (RIS) to make a film less department, Telemedicine, Digital Imaging..
19. Recent advances in radiology and imaging.

#### B. Anatomy

Gross and cross sectional Anatomy of all the body systems.

#### C. Pathology

Gross morphology of pathological condition of systemic diseases.

#### D. Radiology - Course Contents

1. Bones and joints
2. Respiratory system
3. Cardiovascular system
4. Gastro intestinal tract
5. Urogenital tract
6. C.N.S. including spine
7. Radiology of obstetrics and Gynecology
8. ENT, EYES, Teeth, Soft tissue & breast
9. Endocrine glands
10. Clinically applied radionuclide imaging
11. Contrast Agents, Contrast Media, their types, formulations, mechanisms of action, dose schedule, routes of administration, adverse reactions and their management.

## PAPER – II: CONCERNED SUBJECT

### SECTION – B: GENERAL SURGERY (PG)

#### Surgery

##### I. General Principles

- a. Wound healing and management, management of severely injured. Metabolic response to injury
- b. Asepsis, antisepsis, sterilization.
- c. Surgical sutures.
- d. Acute, chronic Surgical infections and their management. Bites and stings.
- e. Hospital infection.
- f. AIDS and Hepatitis B; Occupational hazards and prevention.
- g. Mechanism and Management of missile, blast and gunshot injuries. Trauma and Disaster Management.
- h. Organ transplantation - Basic principles.
- i. Nutritional support to surgical patients.
- j. Diagnostic Imaging
- k. Resuscitation, Fluid electrolyte balance, Shock, Blood transfusion and Common postoperative complications.
- l. Anaesthesia and pain relief
- m. Day care surgery
- n. Principles of Laparoscopic and Robotic surgery
- o. Principles of Oncology
- p. Surgical Audit and Research.

##### II. Etiopathology Clinical Features and Management of :

- a. Common skin and subcutaneous conditions.
- b. Disorders of Arteries, Veins, Lymphatics and Lymph nodes
- c. Burns
- d. Disorders of Scalp, Skull and Brain
- e. Disorders of Oral cavity, jaws, salivary glands and neck.
- f. Disorders of Thyroid, Para Thyroid and Adrenal glands
- g. Diseases of Thorax, Heart, Pericardium and Breast
- h. Diseases of Oesophagus, Stomach, Duodenum, Liver, Spleen, Gall Bladder, Bile ducts, Pancreas, Peritoneum, Omentum, Mesentery and Retroperitoneal space.
- i. Diseases of Small Intestine, Large Intestine, Appendix, Rectum, Anal Canal.
- j. Acute Abdomen and Hernias.
- k. Diseases of Genito-Urinary system, Prostate, Seminal Vesicles, Urethra, Penis, Scrotum and Testis.

##### III.

- a. History of medicine with special reference to ancient Indian texts.
- b. Health economics – basic term, health insurance.
- c. Medical Sociology, doctor-patient relationship, family adjustments in disease, organisational behaviour, conflict resolution.
- d. Computers – record keeping, computer aided learning, virtual reality, robotics.
- e. Environment protection – Bio-medical waste management.
- f. Concept of essential drugs and rational use of drugs.
- g. Procurement of stores and material management.
- h. Research methodology – library consultation, formulating research, selection of topic, writing protocol thesis, ethics.
- i. Bio-medical statistics, clinical trials.
- j. Medical ethics
- k. Consumer protection
- l. Newer antibiotics  
Problem of resistance
- m. O.T. design, technologies, equipment.
- n. Advance in imaging technologies.
- o. Critical care in surgical practice
- p. Blood Transfusion
- q. Brain death
- r. Cadaveric organ retrieval

## ANNEXURE - IV

### INSTRUCTIONS TO CANDIDATES:

#### A) GENERAL INSTRUCTIONS TO CANDIDATES

- 1) Candidates are directed to follow the Commission's Website ([www.tspsc.gov.in](http://www.tspsc.gov.in)) regularly to Know the latest developments regarding the Recruitment, dates of Examination, calling of candidates for verification of Certificates/ Interviews/ Results etc.
- 2) 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.
- 3) **The candidates are not allowed to bring any Electronic devices such as mobile / cellphones, Calculators, tablets, iPad, Bluetooth, pagers, watches to examination centre.** 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.
- 4) The candidates are expected to behave in orderly and disciplined manner while writing the examination. If any candidate takes away Answer Sheet of OMR based examination, the candidature will be rejected and in case of impersonation/ disorder/ rowdy behaviour during Examination, necessary F.I.R. for this incident will be lodged with concerned Police Station, apart from disqualifying his / her candidature.
- 5) Candidates trying to use unfair means shall be disqualified from the selection. No correspondence whatsoever will be entertained from the candidates.
- 6) 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.

#### 7) EDIT OPTION TO THE CANDIDATES (FOR 3 DAYS)

Candidates are directed to take note that, after last date of receipt of Applications, Edit option to the candidates will be allowed for three (3) days to make any corrections regarding their Biodata particulars/Data corrections/Omissions etc., in the Online application already submitted to the Commission. After the due date, Data corrections through Online/Paper representations/Corrections on the Nominal Rolls will not be accepted under any circumstances.

#### B) INSTRUCTIONS REGARDING OFFLINE OMR BASED EXAMINATION FOR CANDIDATES

- 1) The candidates have to report 30 minutes before to the examination venue to record their thumb impression on Biometric system.
- 2) The candidates should go through the instructions given on the cover page of test booklet and carefully write his/her Register 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.
- 3) Since the answer sheets are to be scanned (valued) with Optical Mark Scanner system, the candidates have to USE BALL POINT PEN (BLUE/BLACK) ONLY FOR MARKING THE ANSWERS. The candidates will be supplied OMR Sheet consists 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/Black and smooth writing pad) to fill up relevant columns on the Answer Sheet. The candidate must ensure encoding the Register Number, Subject/Subject Code, Booklet Series, Name of the Examination Centre, Signature of the Candidate and Invigilator, etc., on the O.M.R. Answer sheet correctly, failing which the Answer sheet will be rejected and will not be valued. **Use of whitener on OMR Sheet will lead to disqualification.**
- 4) The OMR Sheet is to bubble only by Ball Point Pen (Blue/Black). Bubbling by Pencil / Ink Pen / Gel Pen is not permitted in this examination.
- 5) The candidates should satisfy the Invigilator of his identity with reference to the signature and photographs available on the Nominal Rolls and Hall Ticket.
- 6) No candidate should leave the examination hall till expiry of fulltime.
- 7) The Commission would be analyzing the responses of a candidate with other appeared candidates to detect patterns of similarity. If it is suspected that the responses have been shared and the scores obtained are not genuine/ valid, the Commission reserves the right to cancel his/ her candidature and to invalidate the Answer Sheet.

- 8) (i) Wherever Written Examination is held, only those candidates who are totally blind are allowed to write the examination with the help of scribe and 10 minutes extra time is permitted to them per hour.
- (ii) 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.
- (iii) Scribe will be provided to those candidates who do not have both the upper limbs for Orthopedically Handicapped. However, no extra time will be granted to them.
- (a) The scribe should be from an academic discipline other than that of the candidate and the academic qualification of the scribe should be one grade lower than the stipulated eligibility criteria.
- (b) The candidate as well as the scribe will have to give a suitable undertaking confirming the rules applicable

### **C) INSTRUCTIONS REGARDING ONLINE EXAMINATION FOR CANDIDATES**

- 1) Candidates shall report at the venue one and half hour (90 minutes) before the Commencement of Examination as the candidates have to undergo certain procedural formalities required for online examination.
- 2) Date and Time of the Examination as per Hall-Ticket
- 3) The examination link with the login screen will already be available on your system. Please inform the invigilator if this is not the case.
- 4) 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.
- 5) Invigilator will announce the password at 09.50 AM and 02.20 PM.
- 6) 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.
- 7) 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.*
- 8) You have to use the mouse to answer the multiple choice type questions with FOUR alternative answers.
- 9) To answer any numerical answer type question, you need to use the virtual numeric key pad and the mouse.
- 10) On the online exam question screen, the timer will display the balance time remaining for the completion of exam.
- 11) 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.*
- 12) After answering a question, click the SAVE & NEXT button to save your response and move onto the next question.
- 13) Click on Mark for Review & NEXT to mark your question for review, and then go to the next question.
- 14) To clear any answer chosen for a particular question, please click on the CLEAR RESPONSE button.
- 15) 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.
- 16) 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.
- 17) You may view INSTRUCTIONS at any point of time during exam, by clicking on the INSTRUCTIONS button on your screen.
- 18) The SUBMIT button will be activated after 150 Minutes. It will continue for an additional 50 Minutes for PWD candidate eligible for compensatory time. Please keep checking the timer on your screen.
- 19) 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.
- 20) 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.
- 21) 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.
- 22) Please inform the invigilator in case of any technical issues.
- 23) Please do not talk to or disturb other candidates.
- 24) In case you are carrying articles other than the admit card, photo identity proof and pen, please leave them outside the exam room.
- 25) You cannot leave exam room before submitting the paper. Please inform the invigilator if you want to use the wash room.

**ANNEXURE-V**  
**LIST OF SCHEDULED CASTES AND SCHEDULED TRIBES**

(G.O. MS. NO. 5 Scheduled Castes Development (POA.A2) Dept., Dt. 08/08/2015 read with G.O. Ms. No. 11, Scheduled Castes Development (POA.A2) Dept., Dt. 17/09/2014 and G.O. Ms. No. 2 Scheduled Castes Development (POA.A2) Dept., Dt. 22.01.2015)

**LIST OF SCHEDULED CASTES**

1. Adi Andhra
2. Adi Dravida
3. Anamuk
4. Aray Mala
5. Arundhatiya
6. Arwa Mala
7. Bariki
8. Bavuri
9. Beda (Budga) Jangam
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. Ellamalawar, Yellammalawandlu
22. Ghasi, Haddi, Relli, Chanchandi
23. Godari
24. Gosangi
25. Holeya
26. Holeya Dasari
27. Jaggali
28. Jambuvulu
29. Kolupulvandlu, Pambada, Pambanda, Pambala
30. Madasi Kuruva, Madari Kuruva
31. Madiga
32. Madiga Dasu, Mashteen
33. Mahar
34. Mala, Mala Ayawaru
35. Mala Dasari
36. Mala Dasu
37. Mala Hannai
38. Malajangam
39. Mala Masti
40. Mala Sale, Nethani
41. Mala Sanyasi
42. Mang
43. Mang Garodi
44. Manne
45. Mashti
46. Matangi
47. Mehtar
48. Mitha Ayyalvar
49. Mundala
50. Paky, Moti, Thoti
51. Pamidi
52. Panchama, Pariah
53. Relli
54. Samagara
55. Samban
56. Sapru
57. Sindhollu, Chindollu
58. Yatala
59. Valluvan

**LIST OF SCHEDULED TRIBES**

1. Andh, Sadhu Andh
2. Bagata
3. Bhil
4. Chenchu
5. Gadabas, Bodo 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. Kondareddis
16. Kondhs, Kodi, Kodhu, Desaya Kondhs, Dongria Kondhs, Kuttiya Kondhs, Tikiria Kondhs, Yenity Kondhs, Kuvinga
17. Kotia, Bentho Oriya, Bartika, Dulia, Holya, Sanrona, Sidhopaiko
18. Koya, Doli Koya, Gutta Koya, Kammara Koya, Musara Koya, Oddi Koya, Pattidi Koya, Rajah, Rasha Koya, Lingadhari Koya (ordinary), Kottu Koya, Bhine Koya, Rajkoya
19. Kulia
20. Manna Dhora
21. Mukha Dhora, Nooka Dhora
22. Nayaks (in the Agency tracts)
23. Pardhan
24. Porja, Parangiperja
25. Reddi Dhoras
26. Rona, Rena
27. Savaras, Kapu Savaras, Maliya Savaras, Khutto Savaras
28. Sugalis, Lambadis, Banjara
29. Thoti (in Adilabad, Hyderabad, Karimnagar, Khammam, Mahbubnagar, Medak, Nalgonda, Nizamabad and Warangal districts)
30. Yenadis, Chella Yenadi, Kappala Yenadi, Manchi Yenadi, Reddi Yenadi
31. Yerukulas, Koracha, Dabba Yerukula, Kunchapuri Yerukula, Uppu Yerukula
32. Nakkala, Kurvikaran.

**LIST OF SOCIALLY AND EDUCATIONALLY BACKWARD CLASSES**

As per G.O. Ms. No. 16 Backward Classes Welfare (OP) Department, Dated:11.03.2015 and read with G.O.MS.No. 34, Backward Classes Welfare (OP) Department, Dated: 08/10/2015, G.O. Ms. No. 4 Backward Classes Welfare (OP) Department, Dated: 30/01/2016

**STATE LIST OF BCs  
(List of Backward Classes of Telangana State)  
GROUP-A**

**(Aboriginal Tribes, Vimuktha Jathis, Nomadic and Semi-Nomadic Tribes etc.)**

- 1 Agnikulakshatriya, Palli, Vadabalija, Bestha, Jalari, Gangavar, Gangaputra, Goondla, Vanyakulakshatriya (Vannekapu, Vannereddi, Pallikapu, Pallireddi) Neyyala, Pattapu.
- 2 Balasanthu, Bahurupi
- 3 \*[Bandara]
- 4 Budabukkala
- 5 Rajaka (Chakali, Vannar)
- 6 Dasari (formerly engaged in Bikshatana i.e., Beggary)
- 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 ST list vide. G.O.Ms.No.149, SW, Dt.03.05.1978)
- 14 Medari or Mahendra
- 15 Mondivaru, Mondibanda, Banda
- 16 Nayi-Brahmin/Nayee-Brahmin (Mangali), Mangala and Bhajantri
- 17 Nakkala (deleted vide. G.O.Ms.No.21, BCW (C2) Dept., Dt.20.06.2011, since it is included in the list of Scheduled Tribes at Sl.No.34 vide. Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 2002 (Central Act No.10 of 2003)
- 18 Vamsha Raj / Pitchiguntla
- 19 Pamula
- 20 Pardhi (Nirshikari)
- 21 Pambala

- 22 Peddammavandlu, Devaravandlu, Yellammavandlu, Mutyalammavandlu, Dammali / Dammala / Dammula / Damala
- 23 Veeramushti (Nettikotala), Veerabhadreeya
- 24 Valmiki Boya (Boya, Bedar, Kirataka, Nishadi, Yellapi, Pedda Boya), Talayari, Chunduvallu (Yellapi and Yellapu are one and the same as clarified vide. G.O.Ms.No.61, BCW (M1) Dept., Dt.05.12.1996)
- 25 Yerukalas in Telangana area (deleted and included at Sl.No.31 in the list of STs)
- 26 Gudala
- 27 Kanjara – Bhatta
- 28 \*[Kalinga]
- 29 Kepmare or Reddika
- 30 Mondepatta
- 31 Nokkar
- 32 Pariki Muggula
- 33 Yata
- 34 Chopemari
- 35 Kaikadi
- 36 Joshinandiwalas
- 37 Odde (Oddilu, Vaddi, Vaddelu), Vaddera, Vaddabhovi, Vadiyaraj, Waddera
- 38 Mandula
- 39 Mehtar (Muslim)
- 40 Kunapuli
- 41 Patra
- 42 \*[Kurakula]
- 43 \*[Pondara]
- 44 \*[Samanthula /Samantha/ Sountia / Sauntia]
- 45 Pala-Ekari, Ekila, Vyakula, Ekiri, Nayanivaru, Palegaru, Tolagari, Kavali (area confined to Hyderabad and Rangareddy Districts only)
- 46 Rajannala, Rajannalu (area confined to Karimnagar, Warangal, Nizamabad and Adilabad Districts only)
- 47 Bukka Ayyavars
- 48 Gotrala
- 49 Kasikapadi / Kasikapudi (area confined to Hyderabad, Rangareddy, Nizamabad, Mahaboobnagar and Adilabad Districts only)
- 50 Siddula
- 51 Sikligar/ Saikalgar
- 52 Poosala (included vide. G.O.Ms.No.16, BCW(C2) Dept., Dt.19.02.2009 by deleting from Sl.No.24 under Group-D)
- 53 \*[Aasadula / Asadula]
- 54 \*[Keuta / Kevuto / Keviti]
- 55 Orphan and Destitute Children who have lost their parents before reaching the age of ten and are destitute; and who have nobody else to take care of them either by law or custom; and also who are admitted into any of the schools or orphanages run by the Government or recognised by the Government.

**GROUP-B**  
**(Vocational Groups)**

- 1 \*[Achukatlavandlu]
- 2 Aryakshatriya, Chittari, Giniyar, Chitrakara, Nakhas
- 3 Devanga
- 4 Goud [Ediga, Gouda (Gamalla), Kalalee, Gounda, **[\*Settibalija of Visakhapatnam, East Godavari, West Godavari and Krishna districts]** and Srisayana (Segidi)]
- 5 Dudekula, Laddaf, Pinjari or Noorbash
- 6 Gandla, Telikula, Devathilakula
- 7 Jandra
- 8 Kummara or Kulala, Salivahana
- 9 Karikalabhakthulu, Kaikolan or Kaikala (Sengundam or Sengunther)
- 10 Karnabhakthulu
- 11 Kuruba or Kuruma
- 12 \*[Nagavaddilu]
- 13 Neelakanthi
- 14 Patkar (Khatri)
- 15 Perika (Perika Balija, Puragiri kshatriya)
- 16 Nessi or Kurni
- 17 Padmasali (Sali, Salivan, Pattusali, Senapathulu, Thogata Sali)
- 18 Srisayana (Segidi) (deleted vide. G.O.Ms.No.63, BCW (M1) Dept., Dt.11.12.1996 and added to Sl.No.4 of Group-B)
- 19 Swakulasali
- 20 Thogata, Thogati or Thogataveerakshatriya
- 21 Viswabrahmin (Ausula, Kamsali, Kammari, Kanchari, Vadla or Vadra or Vadrangi and Silpis), Viswakarma
- 22 \*[Kunchiti / Vakkaliga / Vakkaligara / Kunchitiga]
- 23 Lodh/ Lodhi/ Lodha (area confined to Hyderabad, Rangareddy, Khammam and Adilabad Districts only)
- 24 Bondili
- 25 Are Marathi, Maratha (Non-Brahmins), Arakalies and Surabhi Natakavallu



- 26 Neeli (included vide. G.O.Ms.No. 43, BCW (C2) Dept., Dt.07.08.2008 by deleting from Group D at Sl.No.22)  
 27 Budubunjala / Bhunjwa / Bhadbhunja (area confined to Hyderabad and Rangareddy Districts only)  
 28 \*[Gudia / Gudiya]

**GROUP-C**  
**(Harijan Converts)**

- 1 Scheduled Castes converts to Christianity and their progeny

**GROUP-D**  
**(Other Classes)**

- 1 \*[Agaru]  
 2 Arekatika, Katika, Are-Suryavamshi  
 3 \*[Atagara]  
 4 Bhatraju  
 5 Chippolu (Mera)  
 6 \*[Gavara]  
 7 \*[Godaba]  
 8 Hatkar  
 9 \*[Jakkala]  
 10 Jingar  
 11 \*[Kandra]  
 12 Koshti  
 13 Kachi  
 14 Surya Baliya (Kalavanthula), Ganika  
 15 Krishnabaliya (Dasari, Bukka)  
 16 \*[Koppulavelamas]  
 17 Mathura  
 18 Mali (Bare, Barai, Marar and Tamboli)  
 19 Mudiraj, Mutrasi, Tenugollu  
 20 Munnurukapu  
 21 \*[Nagavasam (Nagavamsa)]  
 22 Nelli (deleted vide. G.O.Ms.No.43, BCW(C2) Dept., Dt.07.08.2008 and added at Sl.No.26 in Group 'B')  
 23 \*[Polinati Velamas of Srikakulam and Visakhapatnam districts]  
 24 Poosala caste (deleted vide. G.O.Ms.No.16, BCW(C2) Dept., Dt.19.02.2009 and included at S.No.52 under Group-A)  
 25 Passi  
 26 Rangarez or Bhavasara Kshatriya  
 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  
 30 \*[Turupukapus or Gajulakapus]  
 31 Uppara or Sagara  
 32 Vanjara (Vanjari)  
 33 Yadava (Golla)  
 34 Are, Arevalla and Arollu  
 35 \*[Sadara / Sadaru]  
 36 \*[Arava]  
 37 Ayyaraka (area confined to Khammam and Warangal Districts only)  
 38 Nagaralu (area confined to Hyderabad and Rangareddy Districts only)  
 39 Aghamudian, Aghamudiar, Agamudivellalar and Agamudimudaliar (including Thuluva Vellalas) (area confined to Hyderabad and Rangareddy Districts only)  
 40 \*[Beri Vysya / Beri Chetty]  
 41 \*[Atirasa]  
 42 Sondi / Sundi  
 43 Varala  
 44 Sistikaranam  
 45 Lakkamarikapu  
 46 Veerashaiva Lingayat / Lingabaliya  
 47 Kurmi

**GROUP-E**  
**(Socially and Educationally Backward Classes of Muslims)**  
**(Subject to outcome of Civil Appeal No(s).2628-2637/2010 etc., pending before the Hon'ble Supreme Court of India)**

- 1 Achchukattalavandlu, Singali, Singamvallu, Achchupanivallu, Achchukattuvaru, Achukatlavandlu  
 2 Attar Saibulu, Attarollu  
 3 Dhobi Muslim/ Muslim Dhobi/ Dhobi Musalman, Turka Chakla or Turka Sakala, Turaka Chakali, Tulukka Vannan, Tsakalas, Sakalas or Chakalas, Muslim Rajakas  
 4 Faqir, Fhakhir Budbudki, Ghanti Fhakhir, Ghanta Fhakhiru, Turaka Budbudki, Darvesh, Fakeer  
 5 Garadi Muslim, Garadi Saibulu, Pamulavallu, Kani-Kattuvallu, Garadollu, Garadiga  
 6 Gosangi Muslim, Phakeer Sayebulu

- 7 Guddi Eluguvallu, Elugu Bantuvallu, Musalman Keelu Gurravallu  
 8 Hajam, Nai, Nai Muslim, Navid  
 9 Labbi, Labbai, Labbon, Labba  
 10 Pakeerla, Borewale, Deera Phakirlu, Bonthala  
 11 Qureshi, 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, Thirugatigantla,  
 Rollaku Kakku Kottevaru, Pattar Phodulu, Chakketakare, Thuraka Kasha

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\* omitted vide G.O Ms.No.3, BCW(OP) Dept., Dated:14.08.2014

- 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.