

**GOVERNMENT OF TELANGANA  
HEALTH MEDICAL AND FAMILY WELFARE DEPARTMENT  
(O/o the District Medical & Health Office, Jangaon District)**

APPLICATION FOR THE POST OF \_\_\_\_\_  
ON CONTRACT BASIS UNDER THE NATIONAL HEALTH MISSION (NHM).

**APPLICATION FORM**

REGISTRATION NO:  
(TO BE FILLED BY THE OFFICE)

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1.	Name of the candidate		Paste Photograph here and sign across it								
2.a	Name of the Father										
2.b	Name of husband/wife (If married)										
3.	Sex										
4.	Date of Birth										
5.	Social Status (Please tick)	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">OC</td> <td style="width: 12.5%;">BC A</td> <td style="width: 12.5%;">BC B</td> <td style="width: 12.5%;">BC C</td> <td style="width: 12.5%;">BC D</td> <td style="width: 12.5%;">BC E</td> <td style="width: 12.5%;">SC</td> <td style="width: 12.5%;">ST</td> </tr> </table>		OC	BC A	BC B	BC C	BC D	BC E	SC	ST
OC	BC A	BC B	BC C	BC D	BC E	SC	ST				
6.	Whether Physically handicapped (Please tick)	YES/ NO(If yes, enclose certificate)									
6(a)	If yes please mention category(Please tick)	HH/OH/VH									
7.	Whether Ex-Service man/ woman	YES/ NO (If yes, enclose certificate)									
8.	Whether EWS candidate	Yes/No									

**DETAILS OF SCHOOL EDUCATION:**

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
I		
II		
III		
IV		
V		
VI		
VII		

**DISTRICT TO WHICH CANDIDATE BELONGS, AS PER PRESIDENTIAL ORDER**

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**EDUCATIONAL QUALIFICATIONS**

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/UNIVERSITY

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION**

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained
<b>Total Marks</b>			

**MEDICAL/NURISNG/PARAMEDICAL COUNCIL/BOARD DETAILS**

Council Regn. No.	Date	Name of the Council/Board	Valid up to

**PERSONALDETAILS**

\*Name :  
\*Father Name :  
\*Husband Name :  
\*House No. :  
\*Street :  
\*Village/Town :  
\*District :  
\*Pin code :  
\*Mobile No. : 1) 2)  
\*E-mail ID :

**DECLARATION**

I, .....D/S/W/o..... certify that the above particulars furnished by me are correct to the best of my knowledge. I also agree that in the event of any of the particulars furnished in my application being found to be incorrect or false, at a later date, my candidature will be cancelled summarily.

**NAME AND SIGNATURE OF THE  
CANDIDATE**