

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).

APPLICATIONFORM

REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)

| | | | | | | | | | | |
|------|--|--|--|---------|---------|---------|---------|---------|----|----|
| 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><tr><td>OC</td><td>BC A</td><td>BC B</td><td>BC C</td><td>BC D</td><td>BC E</td><td>SC</td><td>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

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 |
|------------------------|-------------|----------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total Marks | | | |

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**