

Last Date of Application: – 12 .07.2017

GOVERNMENT OF TELANGANA  
DISTRICT MEDICAL & HEALTH OFFICER , RAJANNA SIRCILLA DISTRICT

Notification Rc.No. E1/114/NUHM-IIF/NHM/17

**RECRUITMENT OF CERTAIN POSTS ON CONTRACT AND OUTSOURCING BASIS**  
**UNDER NUHM**

APPLICATION FORM

REGISTRATION NO:  
(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE:

1.	Name of the candidate with surname		Paste Photograph here and sign across it												
2.a	Name of the Father														
2.b	Name of Mother														
2.c	Name of husband/wife (if married)														
3.	Sex		4. Date of Birth												
	Male	Female	/ /												
5.	Social Status (Please tick )	<table border="1"><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													
6(a)	If yes please mention category (Please tick )	HH /		OH /		VH									
7.	Whether Ex Service man/woman	YES / NO													

**DETAILS OF SCHOOL EDUCATION:**

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

DISTRICT TO WHICH CANDIDATE BELONGS AS PER PRESIDENTIAL ORDER  
(To be filled by the Office)

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**EDUCATIONAL QUALIFICATIONS:**

S.No.	QUALIFICATION	NAME OF THE COLLEGE/UNIVERSITY	YEAR OF PASSING

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION**

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained

**ADDRESS PARTICULARS (for communication)**

House No :  
Street :  
Village/Town :  
Mandal :  
District :  
Pin :  
Mobile No. :

**DECLARATION**

I Smt/Kum/Sri.....D/o/S/o.....

certify that 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