

Last Date of Application: – 02.12.2017

**GOVERNMENT OF TELANGANA  
HEALTH, MEDICAL & FAMILY WELFARE DEPT., KARIMNAGAR DIST.**

**NOTIFICATION NO. E1/1153/Cont./2017**

**RECRUITMENT FOR THE POST OF CIVIL ASSISTANT SURGEONS ON  
CONTRACT BASIS FOR ONE YEAR**

**APPLICATION FORM**

REGISTRATION NO:–  
(TO BE FILLED BY THE OFFICE)

1.	Name of the Candidate		Paste Photograph here and sign across it								
2.	Name of the Father										
3.	Name of the Mother										
4.	Name of Husband/Wife (If married)										
5.	Sex										
6.	Date of Birth										
7.	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				
8.	Whether Physically handicapped (Please tick)	YES / NO									
8.(a)	If yes please mention category (Please tick)	HH / OH / VH									
9.	Whether Ex Serviceman/Woman	YES / NO									
10.	DD No, Date, Amount, Bank Name										

**DETAILS OF SCHOOL EDUCATION:–**

CLASS	YEAR OF PASSING	NAME OF THE SCHOOL	NAME OF THE VILLAGE, MANDAL	DISTRICT IN WHICH STUDIED
IV				
V				
VI				
VII				
VIII				
IX				
X				

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

**EDUCATIONAL QUALIFICATIONS:**

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE/UNIVERSITY

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION**

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained
Total			

**ADDRESS PARTICULARS:**

Name :  
Father Name/  
Husband name :  
House No :  
Street :  
Village/Town :  
District :  
Pin :  
Mobile Number :

**DECLARATION**

I, \_\_\_\_\_ 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** : -  
**Signature** : -  
**Mobile No** : -

**Self-attested copies of the following certificates shall should be enclosed with the application form.**

1	SSC or Equivalent examination
2	Intermediate or 10+2 examination
3	Qualifying Examination Pass Certificate
4	Marks memos of all the years (qualifying examination)
5	Registration Certificate issued by Medical council
6	Latest Caste Certificates issued by the Tahsildar / MRO concerned
7	Study certificate for the years from 4th class to 10th class and in case of Private Study residency certificate from the Tahsildar / MRO concerned.
8	PH certificate in respect of candidates claiming reservation under PH Quota (SADEREM Certificate)
9	Relevant certificates in respect of candidates claiming Ex-Service man quota.
10	1 Photographs duly pasted on the application form
11	Acknowledgement card