

Last Date of Application: – 21 .11.2017

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

**NOTIFICATION NO. E1/1713/NCD/2017**

**RECRUITMENT FOR THE POST OF \_\_\_\_\_ ON CONTRACTUAL  
BASIS UNDER \_\_\_\_\_ PROGRAMME**

**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 - Male/Female									
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								

**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**

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**EDUCATIONAL QUALIFICATIONS:**

<b>QUALIFICATION</b>	<b>YEAR OF PASSING</b>	<b>NAME OF THE COLLEGE/UNIVERSITY</b>

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION**

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

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