

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

NOTIFICATION NO. E2/1623/KCR Kit/2017

**RECRUITMENT FOR THE POST OF DATA ENTRY OPERATOR ON OUT SOURCING
BASIS UNDER KCR KIT 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" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">OC</td> <td style="width: 20px;">BC A</td> <td style="width: 20px;">BC B</td> <td style="width: 20px;">BC C</td> <td style="width: 20px;">BC D</td> <td style="width: 20px;">BC E</td> <td style="width: 20px;">SC</td> <td style="width: 20px;">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:

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.

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)
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