

GOVERNMENT OF TELANGANA
OFFICE OF THE DIST. MEDICAL AND HEALTH OFFICER : ADILABAD
NOTIFICATION NO. 10010/2017, Dt. 03.01.2018

RECRUITMENT OF DEO POSTS ON **OUTSOURCING BASIS** UNDER NHM

APPLICATION FORM

Registration No:
(For office use only)

Post for which
Application made

1.	Name of the Candidate		Paste Photograph here and sign across by candidate							
2.a	Name of the Father									
2.b	Name of the Mother									
2.c	Name of the Husband (If married)									
3	Gender (Sex)									
4	Date of Birth									
5	Social Status (Please tick)	OC	BC - A	BC - B	BC - C	BC - D	BC - E	SC	ST	LST
6	Whether physically handicapped (Please tick)	YES <input type="checkbox"/> / NO <input type="checkbox"/>								
6 (a)	If yes please mention category (Please tick)	HH <input type="checkbox"/> / OH <input type="checkbox"/> / VH <input type="checkbox"/>								
7.	Whether Ex-Service man/woman (Please tick)	YES <input type="checkbox"/> / NO <input type="checkbox"/>								

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:

Educational Qualifications (Degree):

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE/ UNIVERSITY

Marks obtained in the Qualifying examination:

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained

Technical Qualification:

Experience in Data Entry:

ADDRESS PARTICULARS:

Name :
Father/ Husband Name :
House No. :
Street :
Village / Town :
District :
Pin :
Contact Number :

DECLARATION

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

HOW TO APPLY:

- a. Filled in application forms shall be submitted in person or through registered post to The District Medical & Health Officer, Adilabad Applications which are received after 11.01.2018 will be summarily rejected. District Selection Committee is not responsible for postal delays.
- b. Self-attested copies of the following certificates shall / should be enclosed along with the application form.

1.	S.S.C. or Equivalent examination.
2.	Intermediate or (10+2) examination.
3.	Qualifying examination (Degree) pass certificate.
4.	Technical Qualification (MS Office) & Date Entry Experience certificate.
5.	Latest caste certificate issued by the Tahsildhar/ MRO concerned.
6.	Study certificates for the year from 4 th Class to 10th Class and in case of private study residence certificates from the Tahsildhar/ MRO concerned.
7.	PH certificate in respect of candidates claiming reservation under PH Quota.
8.	Relevant certificates in respect of candidates claiming Ex-serviceman Quota.
9.	Photograph duly pasted on the application form and (2) Extra Photographs along with Envelope (with affixing Rs. 25/- Service postage Stamps), Acknowledgement Card duly written address of applicant for correspondence should be enclosed to the Application form.
10	Application / Registration fees of Rs. 200/- (DD) is to be paid for the post of DEO in favor of The Dist. Medical & Health Officer, Adilabad. The Application / Registration fee is exempted for the SC, ST, Ex-Service men and Disabled Candidates.