

GOVERNMENT OF TELANGANA
OFFICE OF THE DIST. MEDICAL AND HEALTH OFFICER : ADILABAD
NOTIFICATION NO. 11085/2018

RECRUITMENT OF CERTAIN POSTS ON **CONTRACT BASIS** UNDER
 NHM, T.S. HYDERABAD

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 Gazetted Officer																	
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)	<table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: none;">OC</td> <td style="border: none;">BC - A</td> <td style="border: none;">BC - B</td> <td style="border: none;">BC - C</td> <td style="border: none;">BC - D</td> <td style="border: none;">BC - E</td> <td style="border: none;">SC</td> <td style="border: none;">ST</td> <td style="border: none;">LST</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>	OC	BC - A	BC - B	BC - C	BC - D	BC - E	SC	ST	LST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OC	BC - A	BC - B	BC - C	BC - D	BC - E	SC	ST	LST												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE/ UNIVERSITY

Marks obtained in the Qualifying examination:

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained

Experience Details:-

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