Government of Telangana

OFFICE OF THE DISTRICT MEDICAL &HEALTH OFFICE SANGAREDDY

Notification No.2966/E5/DMHO-AYUSH/SRD/2017 DATED 31/07/2017

G.O.Rt.No.88HM&FW (E1) Dept., Dated:13.02.2016

Application for the Post of _____ on contract basis under NHM Scheme

Application Form

Application/Registration No	
Post for which Application made	
/ District for which applied	

DD No._____ Dated :_____

In favour of *District Medical &Health Officer Sangareddy.*

for Rs. 300/- for oc candidates And for SC,ST, BC candidates Rs.100/-

1	Name of the candidate		
2.a	Father's Name		
2.b	Mother's Name		
3.	Sex (Please tick)	Male	Female
4.	Date of Birth		
5	Social Status (OC/BC-A/BC-B/BC-C/BC-D/ BC-E/SC/ST)		
5.a	Local Status	Local	Non-Local

6.	Whether Physically Handicapped (Please Tick)	Yes / NO
6.a	IF Yes, Please mention category (Please tick)	HH / OH / VH
7	Whether Ex-Service man/woman	Yes / No

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 Qualification:

Marks obtained in the qualifying examination

Qualifying examination	Max.Marks	Marks Obtained	% of marks obtained

Address Particulars

Name	
Father/Mother/Husband's Name	
House No.	
Street	
Village/Town	
District	
Pin	
Mobile/Contact No.	

Email.Id	

DECLARATION

I _____ W/O,D/O Sri _____ certify that, the 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.

NOTE: IF any candidate fail to submit the required certificates Xerox copies SELF ATTESTED as per the notification Guidelines, their application shall be rejected. No further representation will be entertained.

Name and signature of the candidate

FOR OFFICE USE ONLY

Date of receipt of application :

Candidate has submitted all the attested copies of the certificates as per instructions. As the particulars submitted by the individual are verified with respect to the certificates and found correct.

Name&signature of the clerk

Name &signature of the supervisor

NOTE: Enclose Envelop cover with Postal Stamp

OFFICE OF THE DISTRICT MEDICAL &HEALTH OFFICE SANGAREDDY

FOR SWEEPER CUM NURSING ORDERLY ONLY

HALL TICKET

Hall Ticket Number:

NAME OF THE CANDIDATE :

FATHER'S NAME:

CENTER ALLOTED :

AFFIXE LATEST PASSPORT SIZE PHOTO

SIGNATURE OF THE CANDIDATE

FFICE OF THE DISTRICT MEDICAL &HEALTH OFFICE SANGAREDDY

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