

**GOVERNMENT OF TELANGANA  
HEALTH MEDICAL & FAMILY WELFARE DEPARTMENT**

**APPLIED FOR THE POST OF .....**

**APPLICATION FORM**

1. Name of the candidate :

2. Name of the Father/ Husband:

3. Name of the Mother :

4. Sex :

5. Date of Birth :

6. Social Status (SC,ST,BC,OC) :

7. Whether Physically Handicapped: (Yes/No)  
(Please mention category i.e., HH/OH/VH)

8. Address with Pin Code :  
& Mobile No

9. Details of School Education :

Passport size  
photograph to  
be affixed

Class	Year of Passing	District in which studied
IV		
V		
VI		
VII		
VIII		
IX		
X		

**10. Educational Qualifications:**

Qualification	Year of Passing	Marks obtained	Percentage of Marks obtained	Name of the College/ University

**\*Note: - All necessary certificates to be enclosed with the Application Form with self attestation.**

**DECLARATION**

I, Smt/Kum/Sri.....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 and Signature of the Candidate

.....  
**Acknowledgement**

Received application from Sri/Smt. \_\_\_\_\_ for  
application to the post of \_\_\_\_\_ on \_\_\_\_\_

Signature of official receiving  
the application form