

GOVERNMENT OF TELANGANA

O/o. the Collector & District Magistrate & Chairman, DSC, District Health Society,
Hyderabad District

NOTIFICATION No. 1203/E8/DMHO/HYD/024 Dt: 01-03-2024

APPLICATION FOR THE POST OF _____
ON CONTRACT/OUTSOURCING BASIS UNDER NATIONAL HEALTH MISSION.

APPLICATION FORM

REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)

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1.	Name of the candidate		Paste Photograph here and sign across it								
2.a	Name of the Father										
2.b	Name of husband/wife (if married)										
3.	Sex										
4.	Date of Birth										
5.	Social Status (Please tick)	<table border="1" style="display: inline-table;"><tr><td style="width: 30px; text-align: center;">OC</td><td style="width: 30px; text-align: center;">BC A</td><td style="width: 30px; text-align: center;">BC B</td><td style="width: 30px; text-align: center;">BC C</td><td style="width: 30px; text-align: center;">BC D</td><td style="width: 30px; text-align: center;">BC E</td><td style="width: 30px; text-align: center;">SC</td><td style="width: 30px; text-align: center;">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				
6.	Whether Physically handicapped (Please tick)	YES / NO (If yes, enclose certificate)									
6(a)	If yes please mention category (Please tick)	HH/OH/VH									
7.	Whether Ex-Service man / woman	YES / NO (If yes, enclose certificate)									
8.	Whether EWS candidate	Yes / No									

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
I		
II		
III		
IV		
V		
VI		
VII		

DISTRICT TO WHICH CANDIDATE BELONGS, AS PER PRESIDENTIAL ORDER

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EDUCATIONAL QUALIFICATIONS

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/UNIVERSITY

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained
Total Marks			

MEDICAL/NURISNG/PARAMEDICAL COUNCIL/BOARD DETAILS

Council Regn. No.	Date	Name of the Council/Board	Valid upto

PERSONAL DETAILS

- *Name :
- *Father Name :
- *Husband Name :
- *House No. :
- *Street :
- *Village/Town :
- *District :
- *Pin code :
- *Mobile No. : 1) 2)
- *E-mail ID :

DECLARATION

I,D/S/W/o..... 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.

NAME AND SIGNATURE OF THE CANDIDATE