

GOVERNMENT OF TELANGANA
OFFICE OF THE DISTRICT MEDICAL & HEALTH OFFICER, NAGARKURNOOL
DISTRICT

NOTIFICATION No.306/Estt./DM&HO/NGKL/2024; Date:24.02.2024

APPLICATION FOR THE POST OF _____

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; border-collapse: collapse;"><tr><td style="width: 20px;">OC</td><td style="width: 20px;">BC A</td><td style="width: 20px;">BC B</td><td style="width: 20px;">BC C</td><td style="width: 20px;">BC D</td><td style="width: 20px;">BC E</td><td style="width: 20px;">SC</td><td style="width: 20px;">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)								

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
1 st year			
2 nd year			
3 rd year			
4 th year			
Total Marks			

Council Registration

Sl.No	Name of the Council	Registration No	Year of Registration

PERSONAL DETAILS

*Name :

*Father Name :

*Husband Name :

*House No. :

*Street :

*Village/Town :

*District :

*Pin code :

*Mobile No. : 1) 2)

*E-mail ID :

DECLARATION

I, Dr/Sri/Smt/Kum.
.....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