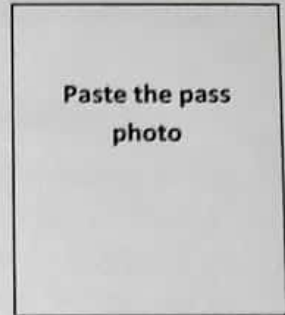


GOVERNMENT OF TELANGANA
HEALTH MEDICAL AND FAMILY WELFARE DEPARTMENT
(O/o the District Medical & Health Office, Yadadri-Bhuvanagiri District)

APPLICATION FOR THE POST OF _____
ON OUTSOURCING BASIS.

1. Name of the Applicant :
(In Block Letters)
2. Fathers' Name :
3. Date of Birth :
4. Gender : Male Female
5. Social Status :
(Please tick the appropriate box)
OC BC A/B/C/D/E SC ST
6. Special Quota:
i. Ex-Service men ii. Physically Disabled: VH HH OH
7. Educational Qualification:
8. Technical Qualification:
9. Council Registration No./Date / Valid up to :
10. Local District / Status (based on the 4th to 10th class study):
(as per Presidential Order)
11. Address for Communication:
Mobile No:
12. Email. ID:



Place:

Date:

Signature of the Candidate

Note: The applications will be received under supervision of Office Superintendent (Establishment Section) O/o DM & HO, Yadadri-Bhuvanagiri District.