

GOVERNMENT OF TELANGANA
OFFICE OF THE DISTRICT MEDICAL & HEALTH OFFICER, JOGULAMBA GADWAL
DISTRICT

NOTIFICATION No. 65 /E1/2020, Dt: 14.08.2021
APPLICATION TO THE POST OF BIOCHEMIST, PATHOLOGIST
ON CONTRACT BASIS UNDER NATIONAL HEALTH MISSION.

APPLICATION FORM

REGISTRATION NO:
(TO BE FILLED BY THE
OFFICE)

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"> <tr> <td>OC</td> <td>BC A</td> <td>BC B</td> <td>BC C</td> <td>BC D</td> <td>BC E</td> <td>SC</td> <td>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		
VIII		
IX		
X		

DISTRICT TO WHICH CANDIDATE BELONGS, AS PER PRESIDENTIAL ORDER

EDUCATIONAL QUALIFICATIONS

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/UNIVERSITY
MBBS		
MD, Biochemist Or MD, Pathologist		

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained
MBBS 1 st year			
MBBS 2 nd year			
MBBS 3 rd year			
MBBS 4 th year			
Total Marks			
MD, Biochemistry Or Pathology			

MEDICAL COUNCIL DETAILS

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

PERSONAL DETAILS

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

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**