

APPLICATION FORM

OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER, KURNOOL

Recruitment Notification (3rd Notification) under NHM

Notification No.03/NHM/2021, dated: 07.08.2021

REGISTRATION NO:

(TO BE FILLED BY THE OFFICE)

APPLICATION FOR THE POST OF:

1.	Name of the candidate:		Paste Photograph here and sign across it
2.a	Name of the Father		
2.b	Name of the Spouse (If Married)		
3.	Gender		
4.	Date of Birth Age as on 01.07.2021		
5.	Social Status (OC/SC/ST/ BC-A,B,C,D,E)		
6.	Status (Local/Non Local) as per study from 4 th to 10 th Class.		
7.	Whether Physically handicapped Specify details. (VH / HH / OH / Multiple Disorder)		
8.	Whether Sports if any details:		
9	Name of the requisite qualification the applicant passed (Name of the Course)		
9 a)	Date of Completion of above requisite Qualification		
9 b)	Respective Council Registration No. & Date		
10	Whether Ex Service man/woman	Yes / No.	
11	Mobile Number of the candidate		
12	Demand Draft Number , Date and Amount		

13. DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

14. ACADEMIC QUALIFICATION EXAM MARKS:

Qualifying Examination	Total Marks (Max Marks)	Mark Obtained	% of Marks Obtained

15. TECHNICAL QUALIFICATION EXAM MARKS:

Qualifying Examination	Total Marks (Max Marks)	Mark Obtained	% of Marks Obtained

16. ADDRESS OF THE CANDIDATE WITH MOBILE NUMBER:

SIGNATURE OF THE APPLICANT

DECLARATION

I, Dr. / 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.

Signature of the candidate

Name of the candidate

-X-X-X-X-