## GOVERNMENT OF TELANGANA DISTRICT MEDICAL & HEALTH OFFICE: MAHABUBABAD

NOTIFICATION NUMBER: 652-B/2021

## **RECRUITMENT OF CERTAIN POSTS ON CIVIL ASSISTANT SURGEONS**

(Contract Services)

## AT DISTRICT MEDICAL & HEALTH OFFICE, MAHABUBABAD. APPLICATION FORM

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	POST FO MADE:	R WHICH	APPLI	CATIO	N		[				
	DISTRIC	T FOR WH	ICH A	PPLIED	):		[				
1	Name o	f the Can	didat	е							
2 a.	Name o	of the Father									
3 b.	Name o	of the Mother									Paste
2 c.	Name o	of the Husband /Wife ried)				Photog				otograph e and sign	
3	Sex					across it					
4	Date of	Birth									
5	Social S	Status	OC	BC-A	BC-B	BC-C	BC-D		BC-E	SC	ST
6	Whethe (Please	r Physica tick)	lly ha	ndica	pped		`	res/No	5/No		
6 a.	(Please	Please mention category HH/OH/VH tick)Certificate enclosed									
	DETAILS	OF SCH	OOL E	DUCA	ATION						
CL	CLASS YEAR OF PASSING DIS					TRICT IN WHICH STUDIED					

## DISTRICT TO WHICH CANDIDATE BELONGS AS PER PRESIDENTIAL ORDER Local / Non Local (Certificate enclosed) **EDUCATIONAL QUALIFICATION** Name of the College / Year of Marks Percentage Qualification Obtained Passing University Details of Application Fee paid (Rs.\_\_\_\_\_ per candidate) (Payable in the form of Demand Draft drawn on\_\_\_\_\_ District Demand Draft No. D.D. Date Name of the Bank & Branch **DETAILED ADDRESS:** Name S/o. D/o. Husband Name House No Street Village/Town District Pin Mobile No. **DECLARATION** \_\_\_\_\_D/o.S/o.\_\_\_\_\_ I,Smt/Kum/Sri\_\_ Certify that, the above particulars furnished by me is 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.