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 CONTRACT BASIS UNDER THE NATIONAL HEALTH MISSION (NHM).

APPLICATIONFORM

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.	Gender									
4.	Date of Birth									
5.	Social Status (Please tick)	OC	BC A	BC B	BC C	BC D	BC E	EWS	SC-I/II/III	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)								
8.	Whether EWS candidate	Yes/No								

9. DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED	NAME OF THE SCHOOL & PLACE
I			
II			
III			
IV			
V			
VI			
VII			
VIII			
IX			
X			

10. **DISTRICT TO WHICH CANDIDATE BELONGS, AS PER PRESIDENTIAL ORDER:**

11. EDUCATIONAL QUALIFICATIONS:

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/UNIVERSITY

12. MARKS OBTAINED IN THE QUALIFYING EXAMINATION:

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained
Total Marks			

13. MEDICAL/PARA MEDICAL COUNCIL/BOARD DETAILS

Council Regn. No.	Date	Name of the Council/Board	Valid up to

14. PERSONALDETAILS

*Name :

*Father Name :

*Husband Name :

*House No. & Street :

*Village/Town & Mandal :

*District & Pin Code :

*Mobile No. :1) 2)

*Email ID :

DECLARATION

I, ……..……..D/S/W/o…… declare 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