

OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER, HANUMAKONDA

NOTIFICATION NO: - 02/2026,

Date:08-10-2026.

APPLICATION FORM

REGISTRATION NO:

(TO BE FILLED BY THE OFFICE)

POST FOR WHICH
APPLICATION MADE:

DISTRICT FROM WHICH APPLIED:

1.	Name of the candidate Full Name (in Capital letters)					Paste Photograph here and sign across it
2.a	Name of the Father					
2.b	Name of Mother					
2.c	Name of husband/ wife (if married)					
3.	Gender					
4.	Date of Birth					
5.	Social Status (Please tick)					
		OC	BC (A, B, C, D, E)	SC (I, II, III)	ST	EWC
6.	Whether Physically handicapped (Please tick)	YES / NO				
6(a)	If yes please mention category (Please tick)	HH / OH / VH				
7.	Whether Ex Service man/woman	YES / NO				

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, 2018

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EDUCATIONAL QUALIFICATIONS:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE/UNIVERSITY

MARKS OBTAINED IN THE QUALIFYING EXAMINATION:

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained

ADDRESS PARTICULARS:

Name	
Father Name / Husband Name	
House No.	
Street	
Village / Town	
District	
Pin No.	
Phone No.	

DECLARATION

I, Kum/Smt/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

NAME AND SIGNATURE OF THE CANDIDATE

AKNOWLEDGEMENT
Notification No 2/2026

Name of the Applicant:- _____ S/o, D/o _____

Post for which Applied:- _____

Sl.No	Details of Certificates Enclosed / check list	Yes / No
1	1 Recent Photograph duly pasted on the application form	
2	Study Certificates from 1 st to 10 th Class and in case of Private Study residence certificate from the Tahsildhar /MRO concerned Authority.	
3	SSC Memo/ Date of Birth Certificate issued by the Competent Authority of government, for proof of age.	
4	Intermediate or 10+2 examination	
5	Qualifying Examination Pass Certificate.	
6	Marks memos of all the years (Qualifying Examination)	
7	Registration certificates of respective councils.	
8	Latest Community Certificates / EWS Certificate / Ex– Servicemen / NCC/ Physically Handicapped, whichever is applicable, issued by the competent authority.	
9	Physically challenged/ Disability certificate (SADARAM/UDID) in respect of candidates claiming reservation under PH Quota.	
10	Relevant certificates in respect of candidates claiming Ex-Service Men Quota.	
11	Registration Certificate from the Concerned Medical Council/nursing Council/Para Medical Board/ Other relevant authority.	
12	Caste certificate issued by competent authority (if applicable).	
13	Relevant experience documents (if applicable).	
14	Demand Draft (DD) Rs:- 250/- for SC, ST & Disability & Rs:- 500/- for others in favor of DM&HO, Hanumakonda.	
15	Applicant Self-attested on all the related documents or Xerox copy.	
16		
17		
18		

District Medical and Health Officer
Hanumakonda