GOVERNMENT OF TELANGANA DISTRICT MEDICAL & HEALTH OFFICE: MAHABUBABAD

NOTIFICATION NUMBER: 12/2020

RECRUITMENT OF CERTAIN POSTS ON CONTRACT BASIS UNDER NHM-NPPC-NPCDCS IN PALLAITIVE CARE PROGRAMME AT DISTRICT MEDICAL & HEALTH OFFICE, MAHABUBABAD.

APPLICATION FORM

		ATION NUMBER: ILLED BY THE OFFICE)										
	POST FO	R WHICH APPLICATION										
	DISTRIC	Γ FOR WH	ICH A	PPLIE):							
1	Name o	of the Candidate										
2 a.	Name o	of the Father								1		
3 b.	Name o	f the Mother								_	Paste	
2 c.	Name o	f the Husband /Wife ried)					Photograpl here and sig					
3	Sex					a					icross it	
4	Date of	Birth										
5	Social S	Status	ОС	BC-A	ВС-В	BC-C	BC-D		BC-E	SC	ST	
6	Whethe (Please	r Physica tick)	lly ha	ndica	pped		Ye	s/No				
6 a.	If yes, F	Please mention category e tick)Certificate enclosed				HH/OH/VH						
	DETAILS	OF SCH	OOL E	DUCA	ATION							
CLASS			Y	EAR O	F PASS	ING			DISTRICT IN WHICH STUDIED			

DISTRICT TO WHICH CANDIDATE BELONGS AS PER PRESIDENTIAL ORDER

Local / Non Local

(Certificate enclosed)

EDUCATIONAL QUALIFICATION

Qualification	Year of Passing	Name of the College / University	Marks Obtained	Percentage

DETAILED ADDRESS:

Name :
S/o. D/o. :
Husband Name :
House No :
Street :
Village/Town :
District :
Pin :
Mobile No. :

DECLARATION

I,Smt/Kum/Sri_____D/o.S/o.____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.

SIGNATURE OF THE CANDIDATE