

GOVERNMENT OF TELANGANA

OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER SANGAREDDY DISTRICT

APPLICATION FOR THE POST OF _____

ON CONTRACT BASIS

REGISTRATION No.

1. Name of the Applicant :

(IN BLOCK LETTERS)

2. Father's Name :

3. Date of Birth :

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4. Gender :

Male

Female

5. Social Status

(Pl Pick the appropriate box) OC

BC

A

B

C

D

E

SC

ST

6. Special Quota

i) Ex - Servicemen

ii) Physically Disabled

VH

HH

OH

7. Educational Qualifications:

8. Technical Qualification:

9. Local District / Status

(Based on the 4th to 10th Class Study)

(As per presidential Order)

10. Address for communication:

Cell No:

Email Id:

Date:

Signature of the Applicant

Acknowledgement Card

Received Application of Sri/Smt _____ for the following post in the office of the District Medical & Health Officer, Sangareddy District.

1. Pharmacist Gr-II
2. Lab-Technician Gr-II
3. Staff Nurse.

Application No

Date: _____

Receivers' signature
O/o DM&HO Sangareddy