



**GOVERNMENT OF TELANGANA  
NATIONAL HEALTH MISSION**



**NOTIFICATION NO.: 443/NHM/SRD/2017**

**RECRUITMENT FOR THE POST OF \_\_\_\_\_**

**APPLICATION FORM**

**REGISTRATION NO:  
(TO BE FILLED BY THE OFFICE)**

**POST FOR WHICH APPLICATION MADE:**

**DISTRICT FOR WHICH APPLIED:**

**SANGAREDDY**

<b>1</b>	<b>Name of the Candidate</b>		<b>PHOTO</b>															
<b>2.a</b>	<b>Name of the Father</b>																	
<b>2.b</b>	<b>Name of the Mother</b>																	
<b>2.c</b>	<b>Name of Husband / Wife (if married)</b>																	
<b>3</b>	<b>Sex</b>																	
<b>4</b>	<b>Date of Birth</b>																	
<b>5</b>	<b>Social Status (Please tick)</b>	<table border="1"><tr><td><b>OC</b></td><td><b>BC A</b></td><td><b>BC B</b></td><td><b>BC C</b></td><td><b>BC D</b></td><td><b>BC E</b></td><td><b>SC</b></td><td><b>ST</b></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	<b>OC</b>	<b>BC A</b>	<b>BC B</b>	<b>BC C</b>	<b>BC D</b>	<b>BC E</b>	<b>SC</b>	<b>ST</b>								
<b>OC</b>	<b>BC A</b>	<b>BC B</b>	<b>BC C</b>	<b>BC D</b>	<b>BC E</b>	<b>SC</b>	<b>ST</b>											
<b>6</b>	<b>Whether Physically Handicapped (Please tick)</b>	<b>YES / NO</b>																
<b>7</b>	<b>If yes; please mention category (Please tick)</b>	<b>HH / OH / VH</b>																
<b>8</b>	<b>Whether Ex - Service (Man / Women)</b>	<b>YES / NO</b>																

**DETAILS OF SCHOOL EDUCATION:**

<b>CLASS</b>	<b>YEAR OF PASSING</b>	<b>DISTRICT IN WHICH STUDIES</b>
<b>IV</b>		
<b>V</b>		
<b>VI</b>		
<b>VII</b>		
<b>VIII</b>		
<b>IX</b>		
<b>X</b>		

**DISTRICT TO WHICH CANDIDATE BELONGS AS PER PRESIDENTIAL ORDER:**

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**EDUCATIONAL QUALIFICATION:**

<b>QUALIFICATION</b>	<b>YEAR OF PASSING</b>	<b>NAME OF THE COLLEGE / UNIVERSITY</b>

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION MARKS YEAR WISE**

<b>QUALIFYING EXAMINATION</b>	<b>YEAR</b>	<b>TOTAL MARKS</b>	<b>MARKS OBTAINED</b>

**ADDRESS PARTICULARS:**

<b>NAME</b>	:	
<b>FATHER NAME</b>	:	
<b>HOUSE NO.</b>	:	
<b>STREET</b>	:	
<b>VILLAGE / TOWN</b>	:	
<b>DISTRICT</b>	:	
<b>PIN</b>	:	
<b>CONTACT NO.</b>	:	
<b>E-MAIL ID</b>	:	

**DECLARATION**

I, Smt. / Kum. / 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**

# **ACKNOWLEDGEMENT**

**RECEIVED APPLICATION FROM** \_\_\_\_\_

**S/O, D/O** \_\_\_\_\_ **SL.No.** \_\_\_\_\_ **FOR THE POST OF**

\_\_\_\_\_ **ON** \_\_\_\_\_

**NAME AND SIGNATURE**