

GOVERNMENT OF TELANGANA

SNCU ZAHEERABAD AT AH ZAHEERABAD
SANGAREDDY DISTRICT

NOTIFICATION NO.: 443/NHM/SRD/2018

**RECRUITMENT FOR THE POST OF PEDIATRICIAN / STAFF NURSE / LAB TECHNICIAN /
DEO / SUPPORTING STAFF AND SECURITY STAFF**

APPLICATION FORM

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

POST FOR WHICH APPLICATION MADE:

DISTRICT FOR WHICH APPLIED:

SANGAREDDY

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

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIES
IV		
V		
VI		
VII		
VIII		
IX		
X		

DISTRICT TO WHICH CANDIDATE BELONGS AS PER PRESIDENTIAL ORDER:

EDUCATIONAL QUALIFICATION:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERSITY

MARKS OBTAINED IN THE QUALIFYING EXAMINATION:

QUALIFYING EXAMINATION	1 st YEAR MARKS	2 nd YEAR MARKS	3 rd YEAR MARKS	4 th YEAR MARKS

ADDRESS PARTICULARS:

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

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 _____

FOR THE POST OF PEDIATRICIAN / STAFF NURSE / LAB TECHNICIAN / DEO /
SUPPORTING STAFF AND SECURITY STAFF ON _____ (DATE).

NAME AND SIGNATURE