

**GOVERNMENT OF TELANGANA  
DISTRICT HEALTH SOCIETY, NIRMAL DISTRICT.  
NOTIFICATION NO. 316/2017, Date: /06/2017.**

RECRUITMENT FOR THE POST OF \_\_\_\_\_ **ON CONTRACT BASIS**

**APPLICATION FORM**

Registration No:

(For office use only)

1	Name of the Candidate		Paste Photograph here and sign across by Self attestation															
2.a	Name of the Father																	
2.b	Name of the Mother																	
2.c	Name of the Husband (If married)																	
3	Gender (Sex)																	
4	Date of Birth																	
5	Social Status (Please tick)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>OC</b></td> <td style="width: 10%; text-align: center;"><b>BC - A</b></td> <td style="width: 10%; text-align: center;"><b>BC - B</b></td> <td style="width: 10%; text-align: center;"><b>BC - C</b></td> <td style="width: 10%; text-align: center;"><b>BC - D</b></td> <td style="width: 10%; text-align: center;"><b>BC - E</b></td> <td style="width: 10%; text-align: center;"><b>SC</b></td> <td style="width: 10%; text-align: center;"><b>ST</b></td> </tr> <tr> <td style="height: 20px;"></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>											
6	Whether physically handicapped (Please tick)	YES <input type="checkbox"/> / NO <input type="checkbox"/>																
6 (a)	If yes please mention category (Please tick)	HH <input type="checkbox"/> / OH <input type="checkbox"/> / VH <input type="checkbox"/>																
7.	Whether Ex-Service man/woman (Please tick)	YES <input type="checkbox"/> / NO <input type="checkbox"/>																

**Details of School Education**

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

District to which candidate belongs as per presidential order:

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/ Husband Name :  
House No. :  
Street :  
Village / Town :  
District :  
Pin :  
Contact Number :

**DECLARATION**

I, Sri./ Kum./ Smt. .... , S/o / D/o / W/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

**FOR OFFICE USE ONLY**

Date of Receipt of application :

Candidate has submitted all the attested copies of the certificates as per instructions.  
All the particulars submitted by the individual are verified with respect to the  
certificates and found correct.

Name & Signature  
of the clerk