

GOVERNMENT OF TELANGANA
OFFICE OF THE DISTRICT MEDICAL & HEALTH OFFICER, WANAPARTHY
DISTRICT

NOTIFICATION No. 01/2024; Date: 26.02.2024

APPLICATION FOR THE POST OF
APPLICATION FORM

REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)

1.	Name of the candidate		Paste Photograph here and sign across it						
2.a	Name of the Father								
2.b	Name of husband/wife (if married)								
3.	Sex								
4.	Date of Birth								
5.	Social Status (Please tick)	OC	BC A	BC B	BC C	BC D	BC E	SC	ST
6.	Whether Physically handicapped (Please tick)	YES / NO (If yes, enclose certificate)							
6(a)	If yes please mention category (Please tick)	HH/OH/VH							
7.	Whether Ex-Service man / woman	YES / NO (If yes, enclose certificate)							

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
I		
II		
III		
IV		
V		
VI		
VII		

DISTRICT TO WHICH CANDIDATE BELONGS, AS PER PRESIDENTIAL ORDER

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EDUCATIONAL QUALIFICATIONS

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/UNIVERSITY

MARKS OBTAINED IN THE QUALIFYING EXAMINATION :-)

Qualifying Examination	Name of the Post:		
	Total Marks	Marks Obtained	% of Marks
1 st year			
2 nd year			
3 rd year			
4 th year			
Total Marks			

Name
Father Name
Husband Name
House Number
Street
Village/Town
District
Pin Code
Mobile Number
E-Mail Id

Details of Application Fee paid (Rs _____ per Candidate)
payable in the form of Demand Draft Drawn in favour of DM&HO Wanaparthy Wanaparthy Dist
Demand Draft No _____ DD Date _____
Name Bank & Branch: _____

DECLARATION

_____ Dr/Sir/Smt/Kum
_____ D/S/W/o _____ certify that the 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

Date:

NAME AND SIGNATURE OF THE
CANDIDATE

ACKNOWLEDGEMENT TO CANDIDATE

Application for the post of
Name of the Candidate
Father Husband Name
Date of Acknowledgment

Sign
Seal