GOVERNMENT OF TELANGANA

OFFICE OF THE DISTRICT MEDICAL & HEALTH OFFICER, NARAYANPET DISTRICT

NOTIFICATION No..01/2024; Date:02.07.2024

APPLICATION FOR THE POST OF VCCMs(Vaccine & Cold Chain Manager)

APPLICATION FORM

	DECICED ATION NO								
	REGISTRATION NO:								
(TO	O BE FILLED BY THE OFF	ICE)							
1.	Name of the candidate								
2.a	Name of the Father								
2.b	Name of husband/wife (if married)						Paste Photograph here and sign across it		
3.	Sex								
4.	Date of Birth								
5.	Social Status (Please tick)	OC	BC A	BC B	ВС С	BC D	BC E	SC	ST
6.	Whether Physically handicapped (Please tick)		YE	S/NO	(If yes,	enclose	e certifi	cate)	
	,								
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

EDUCATIONAL C	NI A LIELO ATIONO	

EDUCATIONAL QUALIFICATIONS

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/UNIVERSITY
B.E. /B.Tech/Degree		

MARKS OBTAINED IN THE OUALIFYING EXAMINATION :-)

Qualifying Examination	B.E. /B.Tech/Degree					
	Total Marks	Marks Obtained	% of Marks			
1 st year						
2 nd year						
3 rd year						
4 th year						
Total Marks						

PERSONAL DETAILS

*Name : *Father Name :							
*Husband Name	:						
*House No.	:						
*Street :							
*Village/Town	:						
*District	:						
*Pin code	:						
*Mobile No.	: 1	1)	2)				
*E-mail ID	:						
Details of Application Fee paid (Rs per Candidate) (Payable in the form of Demand Draft Drawn in favor of DM&HO.Narayanpet payable; Narayanpet) Demand Draft No DD Date: Name of the Bank & Branch :							
I,		D/C/W/-	Dr/Sri/Smt/Kum certify that the above				
			·				
•	•		est 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 candida	iture will	be cancelled sun	nmarily.				
Date:			NAME AND SIGNATURE OF THE CANDIDATE	3			
	ACK	NOWLEDGEM	ENT TO CANDIDATE				
Application for the Name of the Candi	_	CCMs(Vaccine	e & Cold Chain Manager) is received from				
Father/Husband Na	ıme	:					
Date of Acknowled	lgement	:					
			Signature Seal				