

**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 **Nursing Officer (Staff Nurse) (MH / 24x7)**

**APPLICATION FORM**

REGISTRATION NO:  
(TO BE FILLED BY THE OFFICE)

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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
BSc Nursing/GNM		

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION :-)**

Qualifying Examination	<b><u>(BSc Nursing / GNM)</u></b>		
	Total Marks	Marks Obtained	% of Marks
1 <sup>st</sup> year			
2 <sup>nd</sup> year			
3 <sup>rd</sup> year			
4 <sup>th</sup> year			
<b>Total Marks</b>			

**PERSONAL DETAILS**

\*Name :  
\*Father Name :  
  
\*Husband Name :  
  
\*House No. :  
  
\*Street :  
  
\*Village/Town :  
  
\*District :  
  
\*Pin code :  
  
\*Mobile No. : 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 : \_\_\_\_\_.

**DECLARATION**

I, \_\_\_\_\_ Dr/Sri/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

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**ACKNOWLEDGEMENT TO CANDIDATE**

Application for the post of Staff Nurse (Maternal Health / 24x7) is received from  
Name of the Candidate :  
Father/Husband Name :  
Date of Acknowledgement :

Signature  
Seal