

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 **PHYSICIAN /MEDICAL OFFICER**

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

--

EDUCATIONAL QUALIFICATIONS

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/UNIVERSITY
MBBS		
M.D/MS		

MARKS OBTAINED IN THE QUALIFYING EXAMINATION :-)

Qualifying Examination	MBBS		
	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) 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

ACKNOWLEDGEMENT TO CANDIDATE

Application for the post of MBBS is received from
Name of the Candidate :
Father/Husband Name :
Date of Acknowledgement :

Signature
Seal