

**GOVERNMENT OF TELANGANA**  
**OFFICE OF THE DISTRICT MEDICAL & HEALTH OFFICER, NAGARKURNOOL**  
**DISTRICT**

**NOTIFICATION No.306/Estt./DM&HO/NGKL/2024; Date:24.02.2024**

APPLICATION FOR THE POST OF \_\_\_\_\_

**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

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION**

Qualifying Examination			
	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>			

**Council Registration**

Sl.No	Name of the Council	Registration No	Year of Registration

**PERSONAL DETAILS**

- \*Name :  
\*Father Name :  
\*Husband Name :  
\*House No. :  
\*Street :  
\*Village/Town :  
\*District :  
\*Pin code :  
\*Mobile No. : 1) 2)  
\*E-mail ID :

**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.

NAME AND SIGNATURE OF THE CANDIDATE