

GOVERNMENT OF TELANGANA
NOTIFICATION NO. Rc.No.701/E1/2019, Dated: 06.07.2019

RECRUITMENT OF ANESTHETIST & MEDICAL OFFICERS ON CONTRACT
BASIS AT HDU & ICU AT RIMS UNDER NHM

APPLICATION FORM

Registration No:

(For office use only)

1.	Name of the Candidate		Paste Photograph here and sign across by Self attestation						
2.a	Name of the Father								
2.b	Name of the Mother								
2.c	Name of the Husband (If married)								
3	Gender (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 <input type="checkbox"/> / NO <input type="checkbox"/>							
6 (a)	If yes please mention category (Please tick)	HH <input type="checkbox"/>		OH <input type="checkbox"/> /		VH <input type="checkbox"/>			
7.	Whether Ex-Service man/woman (Please tick)	YES <input type="checkbox"/> NO <input type="checkbox"/>							

Details of School Education

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

District to which candidate belongs as per presidential order:

Educational Qualifications:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE/ UNIVERSITY
MBBS/		
Anesthetist		

Marks obtained in the Qualifying examination:

Qualifying Examination	MBBS Total Marks	MBBS Marks Obtained Part –I&II	% of Marks Obtained
MBBS			
Anesthetist	Total Marks		

ADDRESS PARTICULARS:

Name :
 Father/ Husband Name :
 House No. :
 Street :
 Village / Town :
 District :
 Pin :
 Contact Number :

DECLARATION

I, Sri./ Kum./ Smt. , S/o / D/o / W/o
 certify that 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