

GOVERNMENT OF TELANGANA
NOTIFICATION NO. Rc.No.392/2021, Dated: 15.02.2021
RECRUITMENT OF PSYCHIATRIST & STAFF NURSES POSTS ON CONTRACT
BASIS UNDER NMHP & NPCDCS PROGRAMME UNDER NHM

APPLICATION FORM

Registration No:
(For office use only)

Post for which
Application made

| | | | | | | | | | |
|-------|---|---|-------------------|-------------------|-------------------|-------------------|-------------------|---|-----------|
| 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 |
|---------------|-----------------|---------------------------------|
| | | |

Marks obtained in the Qualifying examination:

| Qualifying Examination | Total Marks | Marks Obtained | % of Marks Obtained |
|------------------------|-------------|----------------|---------------------|
| | | | |
| | | | |
| | | | |

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

FOR OFFICE USE ONLY

Date of Receipt of application :

Candidate has submitted all the attested copies of the certificates as per
 instructions. All the particulars submitted by the individual are verified with respect
 to the certificates and found correct.

Name & Signature
 of the clerk

Name & Signature
 of the Supervisor