

**GOVERNMENT OF TELANGANA**  
**DISTRICT MEDICAL AND HEALTH OFFICE, NIRMAL DISTRICT.**  
**RECRUITMENT NOTIFICATION NO. 48/2021, Date: 22/09/2021.**

APPLICATION FOR THE POST OF **STAFF NURSE**  
 UNDER **SNCUs / NBSUs** PROGRAMME UNDER NHM ON CONTRACT BASIS

**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)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;"><b>OC</b></td> <td style="width: 12.5%; text-align: center;"><b>BC - A</b></td> <td style="width: 12.5%; text-align: center;"><b>BC - B</b></td> <td style="width: 12.5%; text-align: center;"><b>BC - C</b></td> <td style="width: 12.5%; text-align: center;"><b>BC - D</b></td> <td style="width: 12.5%; text-align: center;"><b>BC - E</b></td> <td style="width: 12.5%; text-align: center;"><b>SC</b></td> <td style="width: 12.5%; text-align: center;"><b>ST</b></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	<b>OC</b>	<b>BC - A</b>	<b>BC - B</b>	<b>BC - C</b>	<b>BC - D</b>	<b>BC - E</b>	<b>SC</b>	<b>ST</b>												
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6	Whether physically handicapped (Please tick)	YES <input type="checkbox"/> / NO <input type="checkbox"/> 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

**Experience Details:**

Worked as	Worked At	From	To	Period (Years & months)

**ADDRESS PARTICULARS:**

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

**Check List:**

1.	S.S.C or Equivalent examination
2.	Qualifying Examination Pass Certificate
3.	Marks memos of all the years (qualifying examination)
4.	Registration certificates of respective councils.
5.	Latest Caste certificate issued by the Tahsildar/MRO concerned
6.	Study certificate for the years from 4 <sup>th</sup> class to 10 <sup>th</sup> Class and in case of Private study residence certificate from the Tahsildar /MRO concerned
7.	Relevant Certificates in respect of candidates claiming Ex Service man Quota, if any.
8.	Experience certificate, if any.
9.	(1) photograph duly pasted on the application form.

Note: All enclosed documents shall be self-attested by candidate.

**DECLARATION**

I, Sri /Smt / Kum ..... 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