

GOVERNMENT OF TELANGANA
DIST. MEDICAL & HEALTH OFFICE, NIRMAL
NOTIFICATION NO. 1319/2021, DT. 24.09.2021.
RECRUITMENT OF MEDICAL OFFICER ON CONTRACT BASIS,
PHARMACIST Gr – II AND LAB TECHNICIAN Gr – II ON OUTSOURCING BASIS.
APPLICATION FORM FOR THE POST OF.....

Appl. No. (Office use only)

1.	Name of the Candidate		Paste Photograph here and sign across it															
2.a	Name of the Father																	
2.b	Name of the Mother																	
2.c	Name of the Husband (If married)																	
3	Date of Birth																	
4	Social Status (Please tick)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">OC</td> <td style="padding: 2px;">BC - A</td> <td style="padding: 2px;">BC - B</td> <td style="padding: 2px;">BC - C</td> <td style="padding: 2px;">BC - D</td> <td style="padding: 2px;">BC - E</td> <td style="padding: 2px;">SC</td> <td style="padding: 2px;">ST</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	OC	BC - A	BC - B	BC - C	BC - D	BC - E	SC	ST								
OC	BC - A	BC - B	BC - C	BC - D	BC - E	SC	ST											
5	Whether physically handicapped (Please tick)	YES <input type="checkbox"/> / NO <input type="checkbox"/>																
5 (a)	If yes please mention category (Please tick)	HH <input type="checkbox"/> / OH <input type="checkbox"/> / VH <input type="checkbox"/>																
6	Whether Ex-Servicewoman	YES <input type="checkbox"/> / NO <input type="checkbox"/>																
7	Whether belongs to EWSs	YES <input type="checkbox"/> / NO <input type="checkbox"/>																

7. Details of School Education:

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
I		
II		
III		
IV		
V		
VI		
VII		

8. District to which candidate belongs as per presidential order:

9. Educational Qualifications:

QUALIFICATION	YEAR OF PASSING	NAME OF THE SCHOOL/ BOARD

10. Marks obtained in the Qualifying/ Technical examination:

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained

11. ADDRESS PARTICULARS:

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

DECLARATION

I, Kum./ Smt. , 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

HOW TO APPLY:

- Filled in application forms shall be submitted in person or through registered post to the respective District Medical & Health Officers to the district to which the candidate is applying. Applications which are received after due dates will be summarily rejected. District Selection Committee is not responsible for postal delays.
- Self attested copies of the following certificates shall / should be enclosed along with the application form:

1.	S.S.C. or Equivalent examination.
2.	Intermediate or (10+2) examination.
3.	Qualifying examination pass certificate.
4.	Marks memos of all the years (Qualifying examination)
5.	Registration certificates of respective councils.
6.	Latest Caste certificate issued by the Tahsildhar/ MRO concerned.
7.	Study certificates for the year from 1 st Class to 7 th Class and in case of private study residence certificates from the Tahsildhar/ MRO concerned.
8.	PH certificate in respect of candidates claiming reservation under PH Quota.
9.	Economically Weaker Sections (EWSs) certificate from the Tahsildar.
10.	Relevant certificates in respect of candidates claiming Ex serviceman Quota.
11.	(1) Photographs duly pasted on the application form