

**APPLICATION FORM FOR RECRUITMENT OF SPECIALIST DOCTORS IN  
TVVP HOSPITALS IN PEDDAPALLY DISTRICT ON CONTRACT BASIS**

POST APPLIED FOR \_\_\_\_\_ (Mention Specialty CAS)

PLACE \_\_\_\_\_ (DH Peddapally/AH Godavarikhani/CHC Manthani)

1) Name of the Applicant :  
(IN BLOCK LETTERS)

2) Father's Name :

3) Date of Birth :

4) Gender : Male / Female

5) Social Status :

6) Special Quota : Ex Service Man / Physically Handicapped

7) Educational Qualifications :

Qualification	Month & Year of Passing	Name of the College / University	Max. Marks	Marks Obtained
MBBS				
P.G. Degree / Diploma				
Additional Qualifications, if any				

8) Experience :

9) Local District / State (Based on the 4<sup>th</sup> to 10<sup>th</sup> Class study):  
(As per Presidential Order)

10) Address for Communication:

11) Contact Number :

I hereby declare that the above said information mentioned is true to the best of my knowledge.

Place:

Date:

SIGNATURE OF THE APPLICANT

Latest Pass port  
size Photograph  
with self  
attestation