

**GOVERNMENT OF TELANGANA  
OFFICE OF THE PROGRAMME OFFICER (HS&I), HYDERABAD  
NOTIFICATION FOR WALK-IN-INTERVIEW**

NOTIFICATION NO. 1467/E2/POHS&I/HYD/2021, Dt:28-09-2021

APPLICATION FOR THE POST STAFF NURSE ON OUTSOURCING BASIS FOR A PERIOD UPTO  
31-03-2022 OR TILL THE ACTUAL NEED CEASES, WHICHEVER IS EARLIER

**APPLICATION FORM**

REGISTRATION NO:  
(TO BE FILLED BY THE OFFICE)

1.	Name of the candidate		Past photograph here and sign across it									
2.a	Name of the Father											
2.b	Name of the Husband/wife (if married)											
3	Sex											
4	Date of Birth											
5	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> <td style="padding: 2px;">EWS</td> </tr> </table>	OC	BC-A	BC-B	BC-C	BC-D	BC-E	SC	ST	EWS	
OC	BC-A	BC-B	BC-C	BC-D	BC-E	SC	ST	EWS				
6	Whether Physically Handicapped (Please tick)	Yes/No (If Yes enclose certificate)										
6.a	If yes please mention category (Please tick)	HH/OH/VH										
7	Whether ex-service man/woman	Yes/No (If Yes enclose certificate)										

**DETAILS OF SCHOOL EDUCATION:**

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

**DISTRICT TO WHICH CANDIDATE BELONGS AS PER PRESIDENTIAL ORDER**

**EDUCATIONAL QUALIFICATIONS**

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/UNIVERSITY
B.Sc.(Nursing)		

(OR)

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/UNIVERSITY
GNM		

## MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained
B.Sc.(N)			

\*(Excluding marks in Introduction to Computers and in English)

**(OR)**

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained
GNM			

\*(Excluding marks in Computers)

## NURSING COUNCIL DETAILS

Council Regn. No.	Date	Name of the Council	Valid Upto

## PERSONAL DETAILS

- Name :
- Father Name :
- Husband Name :
- House No. :
- Street :
- Village/Town :
- District :
- Pin Code :
- Mobile No. : 1)  
2)
- E-Mail ID :

## **DECLARATION**

I, Sri/Smt/Kum. \_\_\_\_\_ D/S/W/O \_\_\_\_\_ certify that the 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