



GOVERNMENT OF TELANGANA

NOTIFICATION NO.: 479/E3/NHM/\$RD/2020

POST'S UNDER BASTHI DAWAKANA-NHM/DMHO,\$ANGAREDDY APPLICATION FORM



REGISTRATION NO: (TO BE FILLED BY THE OFFICE)	
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POST FOR WHICH APPLICATION MADE:	SUPPORT STAFF
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DISTRICT FOR WHICH APPLIED:	SANGAREDDY
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1	Name of the Candidate		PHOTO							
2	Name of the Father/Husband									
3	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 / NO								
7	If yes please mention category (Please tick)	HH / OH / VH								
8	Whether Ex - Service (Man / Women)	YES / NO								

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIES
IV		
V		
VI		
VII		
VIII		
IX		
X		

DISTRICT TO WHICH CANDIDATE BELONGS AS PER PRESIDENTIAL ORDER:

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EDUCATIONAL QUALIFICATION:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERSITY

ADDRESS PARTICULARS:

NAME	:	
FATHER NAME	:	
HOUSE NO.	:	
STREET	:	
VILLAGE / TOWN	:	
DISTRICT	:	
PIN	:	
CONTACT NO.	:	
E-MAIL ID	:	

DECLARATION

I, Smt. / Kum. / Sri. _____, D/o, S/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**