

MEDICAL ,HEALTH & FAMILY WELFARE DEPARTMENT : :TELANGANA  
OBG Specialist under CEMONC

Application No:

District Name: \_\_\_\_\_

**Personal Details:**

1. Name of the Candidate:
2. S/o or D/o:
3. Name of Husband/wife  
(if married)
4. Date of Birth    5. Gender  Female  Male
6. Community:  OC  BA-A  BC-B  BC-C  BC-D  BC-E  SC  ST

**Contact Details:**

7. Mobile:           Alternate
8. Mail ID :

**9. Current Postal Address:**

- House No:  Village/town :
- Street :  Dist:
- State:  Pin code:

**Qualification Details :**

10. i). Qualifying Exam

| Sl.No | Qualifying Degree/Diploma | Total Marks | Total Marks obtained | Marks obtained(Percent) |
|-------|---------------------------|-------------|----------------------|-------------------------|
| 1     | MD/ MS OBG                |             |                      |                         |
| 2     | DGO                       |             |                      |                         |
| 3     | MBBS                      |             |                      |                         |

11. Do you have:  Marks sheet  12. Grade Sheet
13. Grade secured(for foreign Graduates):  14. Year of passing of MCI Exam (for foreign Graduates):
15. TS Medical Council/MCI/Provisional / Permanent Registration number:

**List of Documents /Certificates attached:**

| Certificate enclosed                        | Yes/No |
|---|--------|
| SSC or Equivalent Certificate               |        |
| Community certificate (If Applicable)       |        |
| MS OBG Certificate/ Marks                   |        |
| DGO Certificate/ Marks                      |        |
| MBBS Certificate                            |        |
| MBBS Marks/Grade Sheet                      |        |
| MCI Certificate (If applicable)             |        |
| TS Medical Council Registration Certificate |        |

**Declaration**

I, Sri/Smt/Kum. \_\_\_\_\_ D/S/W/o \_\_\_\_\_ certify that the above particulars furnished by me are true and correct. 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.

Date:

Signature of the Candidate

