

**GOVERNMENT OF TELANGANA
DISTRICT MEDICAL & HEALTH OFFICER :: MEDCHAL - MALKAJGIRI DISTRICT**

APPLICATION FOR THE POST OF MEDICAL OFFICER (MID-LEVEL HEALTH PROVIDER) "PALLE DAWAKHANA" ON CONTRACT BASIS

No:

1. Name of the Applicant :
(In Block letters)

2. Father's Name :

3. Date of Birth :

4. Gender: Male

Female:

5. Social Status:

6. (Pl tick the appropriate category): OC BC SC ST
Special Quota:

i) Ex-Service men:

ii) Physically disabled:

7. Educational Qualification:

8. Technical Qualification:

9. Total Marks Secured in the Qualified Exam:

10. Local District / Status (based on the 1st to 7th class study):
(as per Presidential Order)

11. Address for Communication:

Email.ID:

Mobile No:

Place:

Date:

Signature of Candidate

Paste the Latest
passport photo with
self attestation