

GOVERNMENT OF TELANGANA

DISTRICT HEALTH SOCIETY, _____ DISTRICT

NOTIFICATION NO _____

RECRUITMENT OF CERTAIN POSTS ON **CONTRACT BASIS** UNDER RASTRIYA BALA
SWASTHYA KARYAKRAM, NATIONAL HEALTH MISSION

APPLICATION FORM

REGISTRATION NO:

(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE:

DISTRICT FOR WHICH APPLIED:

1.	Name of the candidate		Paste Photograph here and sign across it
2.a	Name of the Father		
2.b	Name of Mother		
2.c	Name of husband/wife (if married)		
3.	Sex		
4.	Date of Birth		

5.	Social Status(Please tick)	<table border="1"> <tr> <td data-bbox="592 365 699 499">OC</td> <td data-bbox="699 365 791 499">BC A</td> <td data-bbox="791 365 884 499">BC B</td> <td data-bbox="884 365 976 499">BC C</td> <td data-bbox="976 365 1069 499">BC D</td> <td data-bbox="1069 365 1161 499">BC E</td> <td data-bbox="1161 365 1254 499">SC</td> <td data-bbox="1254 365 1372 499">ST</td> </tr> </table>	OC	BC A	BC B	BC C	BC D	BC E	SC	ST
OC	BC A	BC B	BC C	BC D	BC E	SC	ST			
6.	Whether Physically handicapped (Please tick)	YES / NO								
6(a)	If yes please mention category (Please tick)	HH / OH / VH								
7.	Whether Ex Service man/woman	YES / NO								

DETAILS OF SCHOOL EDUCATION:

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

DISTRICT TO WHICH CANDIDATE BELONGS AS PER PRESIDENTIAL ORDER

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EDUCATIONAL QUALIFICATIONS:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE/UNIVERSITY

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained

ADDRESS PARTICULARS:

Name :

Father Name/

Husband name:

House No :

Street :

Village/Town :

District :

Pin :

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**

FOR OFFICE USE ONLY

Date of Receipt of application :

Candidate has submitted all the attested copies of the certificates as per instructions .All the particulars submitted by the individual are verified with respect to the certificates and found correct

Name & Signature of the Clerk

Name & Signature of the Supervisor