

GOVERNMENT OF TELANGANA

NOTIFICATION NO 443/DPMU-NHM/DMHO/SRD/2020

RECRUITMENT FOR THE POST OF PEDIATRICIAN

APPLICATION FORM

**REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)**

POST FOR WHICH APPLICATION MADE:

PEDIATRICIAN

DISTRICT FOR WHICH APPLIED:

SANGAREDDY

| 1 | Name of the Candidate | | PHOTO | | | | | | | | | | | | | | | |
|------------|--|--|--------------|---------|---------|---------|---------|---------|----|----|--|--|--|--|--|--|--|--|
| 2.a | Name of the Father | | | | | | | | | | | | | | | | | |
| 2.b | Name of the Mother | | | | | | | | | | | | | | | | | |
| 2.c | Name of Husband / Wife (if married) | | | | | | | | | | | | | | | | | |
| 3 | Sex | | | | | | | | | | | | | | | | | |
| 4 | Date of Birth | | | | | | | | | | | | | | | | | |
| 5 | Social Status: (Please tick) | <table border="1"><thead><tr><th>OC</th><th>BC A</th><th>BC B</th><th>BC C</th><th>BC D</th><th>BC E</th><th>SC</th><th>ST</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></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 | | | | | | | | | | | | | | | | |
| 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:

| |
|--|
| |
|--|

EDUCATIONAL QUALIFICATION:

| QUALIFICATION | YEAR OF PASSING | NAME OF THE COLLEGE / UNIVERSITY |
|----------------------|------------------------|---|
| | | |

MARKS OBTAINED IN THE QUALIFYING EXAMINATION:

| QUALIFYING EXAMINATION | 1ST YEAR MARKS | 2ND YEAR MARKS | Final year |
|-------------------------------|----------------------------------|----------------------------------|-------------------|
| | | | |
| | | | |
| | | | |

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**



ACKNOWLEDGEMENT

RECEIVED APPLICATION FROM _____
FOR THE POST OF PEDIATRICIAN

DATED:- _____

NAME AND SIGNATURE