



GOVERNMENT OF TELANGANA
NOTIFICATION NO.: 1310/E1/DMHO/3rd/2021
RECRUITMENT FOR THE POST OF MEDICAL OFFICER

APPLICATION FORM

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

POST FOR WHICH APPLICATION MADE:

DISTRICT FOR WHICH APPLIED:

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	Reguar/ private	Name of the School	Present DISTRICT of the School
I			
II			
II			
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

MARKS OBTAINED IN THE QUALIFYING EXAMINATION:

QUALIFYING EXAMINATION	1 ST YEAR MARKS	2 ND YEAR MARKS	FINAL MBBS (PART I & PART II)

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 MEDICAL OFFICER

DATE:- _____

NAME AND SIGNATURE