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GOVERNMENT OF TELANGANA
OFFICE OF THE DISTRICT MEDICAL & HEALTH OFFICER, HYDERABAD DISTRICT

NOTIFICATION No. 199/E1/2019; Dated: 26.10.2021

APPLICATION FOR THE POST OF **MEDICAL OFFICER (BASTHI DAWAKHANA)**
ON CONTRACT BASIS UNDER NATIONAL HEALTH MISSION.

APPLICATION FORM

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REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)

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

5.	Social Status (Please tick)	OC	BC A	BC B	BC C	BC D	BC E	SC	ST

6.	Whether Physically handicapped (Please tick)	YES / NO (If yes, enclose certificate)
6(a)	If yes please mention category (Please tick)	HH/OH/VH
7.	Whether Ex-Service man / woman	YES / NO (If yes, enclose certificate)

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

EDUCATIONAL QUALIFICATIONS

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/UNIVERSITY
MBBS		

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained
MBBS 1st year			
MBBS 2nd year			
MBBS 3rd year			
MBBS 4th year			
Total Marks			

MEDICAL COUNCIL DETAILS

Council Regn. No.	Date	Name of the Council	Valid upto

PERSONAL DETAILS

*Name   :

*Father Name   :

*Husband Name   :

*House No.   :

*Street   :

*Village/Town   :

*District   :

*Pin code   :

*Mobile No.   :   1)   2)

*E-mail ID   :

DECLARATION

I, Dr. ……….…………………………………..D/S/W/o…………………………………… certify that the 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