

**GOVERNMENT OF TELANGANA**

O/o. the Collector & District Magistrate & Chairman, DSC, District Health Society,  
Hyderabad District

**NOTIFICATION No. 199/E1/2019; Dated: 07.04.2022**

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

**APPLICATION FORM**

REGISTRATION NO:  
(TO BE FILLED BY THE OFFICE)

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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 )	<table border="1"><tr><td>OC</td><td>BC A</td><td>BC B</td><td>BC C</td><td>BC D</td><td>BC E</td><td>SC</td><td>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 (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)									
8.	Whether EWS candidate	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 BOARD/UNIVERSITY
MBBS		

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION**

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained
MBBS 1 <sup>st</sup> year			
MBBS 2 <sup>nd</sup> year			
MBBS 3 <sup>rd</sup> year			
MBBS 4 <sup>th</sup> year			
<b>Total Marks</b>			

**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**