

**Application for the post of Mid-level Health Providers (MLHPs) in Mancherial District**

**Last date for Receiving of Applications on. 17.09.2022, 5.00 PM**

Name of the District	Mancherial
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Please affix a  
recent Passport  
Size  
Photograph

Name of the Candidate	
Father/Husband Name	
Date of Birth (SSC Certificate to be enclosed)	
Gender (Please Tick)	Male / Female
Community Status (Certificate to be enclosed)	SC/ST/BC(A) / BC(B)/ BC(C)/ BC(D)/ BC(E)/OC
In case of BC Whether belongs to Non – Creamy Layer (Please tick)	Yes / No (Certificate to be enclosed for Yes)
Whether Physically Handicapped	Yes / No (Certificate to be enclosed for Yes)
Whether NCC Instructor	Yes / No (Certificate to be enclosed for Yes)
Address for Communication:	
Mobile No.	
Email ID:	

**Details of School Education: -**

Class	Year of Education	Regular/Private	Name of the School	District of the School
1 <sup>st</sup>				
2 <sup>nd</sup>				
3 <sup>rd</sup>				
4 <sup>th</sup>				
5 <sup>th</sup>				
6 <sup>th</sup>				
7 <sup>th</sup>				
8 <sup>th</sup>				
9 <sup>th</sup>				
10 <sup>th</sup>				

**Details of Qualifying Examination: -**

<b>Course</b>	<b>Year of Education</b>	<b>Year of Passing</b>	<b>Name of the College &amp; District</b>	<b>Name of the University</b>

**Details of Registration of Qualifying Exam: -**

<b>Registration No</b>	<b>Registration Date</b>	<b>Name of the Council Where Registered</b>

**Details of Marks in Qualifying Exam: -**

<b>Consolidated Total Marks of the Exam</b>	<b>Marks obtained by the Candidate</b>	<b>Percentage (%) Obtained/Grade Obtained</b>

Details of Application Fee Paid (Rs. ----- per Candidate)

(Payable in the form of Demand Draft drawn on ----- District)

<b>Demand Draft No.</b>	<b>D.D. Date</b>	<b>Name of the Bank &amp; Branch</b>

**DECLARATION**

I hereby declare that all the details provided by me in the above application, are true and correct to the best of my knowledge. Any Misrepresentation suppression of facts by me, if noticed at a later date, will forfeit my right to appointment and I shall be responsible for the same.

Dated:

Signature of the Candidate

**List of Enclosures (Xerox copies of certificates)**

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

**DISTRICT MEDICAL AND HEALTH OFFICER: : MANCHERIAL**

**ACKNOWLEDGEMENT TO CANDIDATE**

**Application No.**

Application for the post of **Medical Officer (MBBS) / Medical Officer AYUSH**

**(BAMS)/Staff Nurse (BSC(N)/ GNM(CPCH, Bridge Course 6months Trained))**

post on Contract/Outsourcing basis, Received from

Kum/Smt.....

D/o, W/o ..... R/o .....

Date:

Signature of the  
Receiving Employee