

GOVERNMENT OF TELANGANA

2

NOTIFICATION NO: 1598/Plg/dmho/srd/2022

RECRUITMENT FOR THE POST OF Psychiatrist /medical officers/staff nurse/pharmacist  
(Under National mental health programme/palliative care programme /Basti Dawakhanas)

APPLICATION FORM

REGISTRATION NO:  
(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE:

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"><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><td>EWS</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	OC	BC A	BC B	BC C	BC D	BC E	SC	ST	EWS									
OC	BC A	BC B	BC C	BC D	BC E	SC	ST	EWS												
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:

2

CLASS	Name of Scholl and station or village	PRASENT IN WHICH DISTRICT
Ist		
II nd		
III rd		
IV th		
V		
VI		
VII		

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 <sup>ST</sup> YEAR MARKS	2 <sup>ND</sup> YEAR MARKS	3 <sup>rd</sup> YEAR MARKS	4 <sup>TH</sup> YEAR MARKS

ADDRESS PARTICULARS:

9

NAME	:	
FATHER NAME	:	
HOUSE NO.	:	
STREET	:	
VILLAGE / TOWN	:	
DISTRICT	:	
PIN	:	
CONTACT NO.	:	
E-MAIL ID	:	

**MUST AND SHOULD ENCLOSE THE FOLLOWING CERTIFICATES:-**

- 1. S.S.C. PASS MARKS MEMO**
- 2. CASTE CERTIFICATE**
- 3. 1<sup>ST</sup> CLASS TO 7<sup>TH</sup> CLASS BONAFIDE CERTIFICATES**
- 4. QUALIFIED EXAMINATION MEMOS**
- 5. CERTIFICATE FROM THE REGISTERED COUNCILS**

**SIGNATURE  
OF THE CANDIDATE**

## DECLARATION

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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.

Date: \_\_\_\_\_

**NAME AND SIGNATURE  
OF THE CANDIDATE**

**ACKNOWLEDGEMENT** 9

RECEIVED APPLICATION FROM \_\_\_\_\_ FOR THE  
POST OF \_\_\_\_\_

DATE:- \_\_\_\_\_

SIGNATURE  
O/o DM&HO Sangareddy