



GOVERNMENT OF TELANGANA

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

RECRUITMENT FOR THE POST OF MID-LEVEL HEALTH PROVIDERS (MLHPS)

APPLICATION FORM

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

POST FOR WHICH APPLICATION MADE:

MID-LEVEL HEALTH PROVIDERS (MLHP)

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)	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:

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 ST YEAR MARKS	2 ND YEAR MARKS	3 rd YEAR MARKS	4 TH YEAR MARKS

Whether completed Bridge course if yes certificate enclosed or not mention No _____

Name and place of institution _____

ADDRESS PARTICULARS:

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. 1ST CLASS TO 7TH CLASS BONAFIDE CERTIFICATES**
- 4. QUALIFIED EXAMINATION MEMOS**
- 5. CERTIFICATE FROM THE REGISTERED COUNCILS**

**SIGNATURE
OF THE CANDIDATE**

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.

Date: _____

**NAME AND SIGNATURE
OF THE CANDIDATE**

ACKNOWLEDGEMENT

RECEIVED APPLICATION FROM _____ FOR THE
POST OF _____

DATE:- _____

SIGNATURE
O/o DM&HO Sangareddy