



GOVERNMENT OF TELANGANA

OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER, SIDDIPET DIST

APPLICATION FORM

REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE:

DISTRICT FOR WHICH APPLIED:

SIDDIPET

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																		

DD Particulars :-

DD No / DATE	Amount	Name of the bank

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