

**Application for the post of Medical Officers (AYUSH/UNANI) in KUMURAM BHEEM
ASIFABAD DISTRICT**

Last date for Receiving of Applications on.06.03.2023, 5.00 PM

Name of the Post:

| | | | | | | | | | | |
|---|--|---|------|------|------|------|------|----|----|-----|
| 1 | Name of the Candidate | Paste Photograph here and sign across by self attestation | | | | | | | | |
| 2 | Name of the Father | | | | | | | | | |
| 3 | Name of the Mother | | | | | | | | | |
| 4 | Name of the Husband | | | | | | | | | |
| 5 | Gender | | | | | | | | | |
| 6 | Date of Birth | | | | | | | | | |
| 7 | Social Status (Please tick) | OC | BC-A | BC-B | BC-C | BC-D | BC-E | SC | ST | EWS |
| 8 | Whether Physically handicapped (Please tick) | Yes | | No | | | | | | |
| 9 | Whether Ex-Servicemen/Woman (Please tick) | Yes | | No | | | | | | |

Details of School Education: -

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

District to which candidate belongs to as per Presidential order:

- a) Provisional merit list will be prepared base on the above said criteria, and displayed on Kumuram Bheem Asifabad district official website www.telangana.gov.in for transparency.
- b) Selection list will be prepared from the finalized Merit List duly following the Rule of Reservation (Roster Matrix) and presidential order.

7. How to Apply:-

- a) Application forms along with the instructions can be downloaded from the website www.telangana.gov.in
- b) Filled Application Forms shall be submitted in person or through registered post to office of The District Medical & Health Officer, C/o Old Govt., Civil Hospital , Near Bus Stand , Kumuram Bheem Asifabad. Application which are received after due date will be summarily rejected. District Selection Committee is not responsible for the postal delays.
- c) Application / Registration Fee to be paid in form of "Demand Draft" {DD} in favour of the The District Medical & Health Officer, Kumuram Bheem Asifabad , as detailed below.

| Sl. No | Name of the Category | Application Fee |
|--------|-----------------------------------|-----------------|
| 1 | Medical Officers (Ayurveda/Unani) | Rs.500/- |

The Application / Registration Fees are exempted for the SC & ST candidates.

- d) Self attested copies of the following certificates should be enclosed along with the application form.

| | |
|----|---|
| 1 | S.S.C or equivalent Marks memorandum |
| 2 | Intermediate or 10+2 Marks Memorandum |
| 3 | Qualifying Examination (Year Wise) Certificate |
| 4 | Marks Memos of all the years (Qualifying Examination) |
| 5 | Registration Certificate of respective council |
| 6 | Latest caste certificate issued by the Thasildar concerned |
| 7 | Stud certificates (Bonafied Certificates) 4 th to 10 th class and in case of private study residence certificate from the Tahasildhar / MRO concerned. |
| 8 | PH certificate in respect of candidates claiming reservation under the PH Quota |
| 9 | Relévant certificates in respect of candidates claiming Ex-service men Quota. |
| 10 | Passport size Photograph duly pasted on the Application Form. |
| 11 | Acknowledgement card. |

Sd/-

District Medical & Health Officer,
Kumuram Bheem Asifabad District.

sd/-

District Collector,
Kumuram Bheem Asifabad District.

Details of Qualifying Examination: -

| | | | |
|---|-----------|-----------------|--|
| Essential Qualification: | BAMS/BUMS | Year of Passing | |
| Registration Certificate of Respective Council valid Till | | | |

| Marks Obtained in the Qualifying Examination | | | |
|--|-------------------------------------|--|---|
| Qualifying Examination | Total Marks (Exclude the Languages) | Marks Obtained (Exclude the Languages) | % |
| <u>BAMS/BHMS/BUMS/BNYS</u> | | | |

ADDRESS PARTICULARS:

Name :
Father/Husband Name :
House No. :
Street :
Village/Town :
District :
Pin :
Contact No. :
Aadhar No. :

DECLARATION

I, Smt/Kum-----
S/o, D/o, W/o ----- 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 falls at a later date
my candidature will be cancelled summarily.

FOR OFFICE USE ONLY

Check List of Self -Attested documents submitted by the applicant

| | |
|----|--|
| 1 | S.S.C or Equivalent examination. |
| 2 | Intermediate or 10 + 2 examination. |
| 3 | Qualifying Examination Pass Certificate. |
| 4 | Marks Memos of all the years (qualifying examination) |
| 5 | Registration Certificates of respective Councils |
| 6 | Latest Caste Certificate issued by the Tahsildhar/MRO concerned |
| 7 | Study certificate for the years from 1 st class to 10 th class and in Case of Private study residence certificate from the Tahsildhar/MRO concerned. |
| 8 | PH certificate in respect of candidates claiming reservation under PH Quota. |
| 9 | Relevant certificates in respect of candidates claiming Ex-service Men Quota. |
| 10 | 1 Photograph duly pasted on the application form. |
| 11 | Acknowledgement Card. |

ACKNOWLEDGEMENT TO CANDIDATE

Recruitment to the Post of AYUSH MEDICAL OFFICER

AYURVEDA /Unani / on Cont. Basis under NHM

Notification No. 21/NHM/2023, Dt: 01.03.2023

Application No.

Date: -03-2023

Received Application from Dr.....

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

For the post of AYUSH Medical Officer on Contract basis under NHM.

Date:

Signature of the
Receiving Employee