

GOVERNMENT OF TELANGANA
DISTRICT HEALTH SOCIETY, NIZAMABAD DISTRICT

NOTIFICATION NO. 06/2023

RECRUITMENT TO THE POST OF **PEDIATRICIAN** ON **CONTRACT BASIS** TO
WORK AT SNCU, GGH, NIZAMABAD UNDER NATIONAL HEALTH MISSION

APPLICATION FORM

REGISTRATION NO:

(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE:

DISTRICT FOR WHICH APPLIED:

1.	Name of the candidate		Paste Photograph here and sign across it														
2.a	Name of the Father																
2.b	Name of Mother																
2.c	Name of husband/wife (if married)																
3.	Sex																
4.	Date of Birth																
5.	Social Status (Please tick)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tbody><tr><td style="padding: 2px;">OC</td><td style="padding: 2px;">BC A</td><td style="padding: 2px;">BC B</td><td style="padding: 2px;">BC C</td><td style="padding: 2px;">BC D</td><td style="padding: 2px;">BC E</td><td style="padding: 2px;">SC</td><td style="padding: 2px;">ST</td><td style="padding: 2px;">EWS</td></tr></tbody></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															
6(a)	If yes please mention category (Please tick)	HH / OH / VH															
7.	Whether Ex Service Man/Woman	YES / NO															

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
I		
II		
III		
IV		
V		
VI		
VII		

DISTRICT TO WHICH CANDIDATE BELONGS AS PER PRESIDENTIAL ORDER

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EDUCATIONAL QUALIFICATIONS:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE/UNIVERSITY

MARKS OBTAINED IN THE QUALIFYING EXAMINATION:

Qualifying Examination	Year	Total Marks	Marks Obtained	% of Marks Obtained

ADDRESS PARTICULARS:

Name :

Father Name/
Husband Name :

House No :

Street :

Village/Town :

District :

Pin :

Mobile Number:

DECLARATION

I, Smt/Kum/Sri.....D/o/S/o.....
.....certify that above particulars furnished by me is 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

NAME AND SIGNATURE OF THE CANDIDATE

FOR OFFICE USE ONLY

Date of Receipt of application :

Candidate has submitted all the attested copies of the certificates as per instructions .All the particulars submitted by the individual are verified with respect to the certificates and found correct

Name & Signature of the Clerk

Name & Signature of the Supervisor

Acknowledgement

Received application from Sri/Smt. _____ for application to the post of _____ on _____ (Date) _____ (time). Copies of the following certificates are found.

1.	S.S.C or Equivalent examination
2.	Intermediate or 10+2 examinations
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 Tashildhar/MRO concerned
7.	Study certificate for the years from 1 st Class to 7 th Class and In case of Private study residence certificate from the Tashildhar /MRO concerned
8.	PH certificate in respect of candidates Claiming reservation under PH Quota
9.	Relevant Certificates in respect of candidates claiming Ex Service man Quota
10.	1 photographs duly pasted on the application form
11.	Aadhar Card Xerox

Signature of Receiving Officer