

OFFICE OF THE DISTRICT MEDICAL & HEALTH OFFICE, NIRMAL DISTRICT

NOTIFICATION No.507/9/2023, Dated: 02.09.2023

RECRUITMENT OF CERTAIN POSTS ON CONTRACT BASIS UNDER NHM

Applications are invited from eligible candidates for recruitment of Medical Officer posts on Contract Basis in the existing Vacancies, format of Application & Guidelines may download from the official Website after filled and it may submit in person are by register post to O/o the Dist. Medical & Health Officer, IDOC (F25), Nirmal.

Qualification Details as follows.

Sl. No	Category /Job Title	No. Of Vacancies	Essential Qualification	Remuneration Per month Rs.
1	Medical Officer	15	MBBS, Registered with TS Medical Council	52,000=00

The date of receiving Applications commences from 04./09/2023 onwards in all working days.

The Last date of Receiving Applications 12/09/2023 by 5:00 PM.

The Eligible candidates shall download the Application from the official website of the Nirmal Dist. i.e. www.nirmal.telangana.gov.in

The downloaded Application shall be filled in by the Candidates, duly enclosing the required copies of certificates and shall and submit at this.

The Dist. Selection Committee is not held responsible for any postal delay.

The Selection Committee reserves the right to cancel the notification at any time without assigning the reasons thereof.

Sd/-
District Medical & Health Officer,
Nirmal District.

GOVERNMENT OF TELANGANA
DIST. MEDICAL & HEALTH OFFICE: NIRMAL.
NOTIFICATION NO. 507/9/2023, Dated: 02.09.2023

RECRUITMENT FOR THE POST OF **MEDICAL OFFICER** ON CONTRACT BASIS

APPLICATION FORM

Registration No:
(For office use only)

1	Name of the Candidate								Paste Photograph here and sign across by Self attestation
2.a	Name of the Father								
2.b	Name of the Mother								
2.c	Name of the Husband (If married)								
3	Gender (Sex)								
4	Date of Birth								
5	Social Status (Please tick)	OC	BC - A	BC - B	BC - C	BC - D	BC - E	SC	ST
6	Whether physically handicapped (Please tick)	YES <input type="checkbox"/> NO <input type="checkbox"/>							
6 (a)	If yes please mention category (Please tick)	HH <input type="checkbox"/> OH <input type="checkbox"/> VH <input type="checkbox"/>							
7.	Whether Ex-Service man/woman (Please tick)	YES <input type="checkbox"/> NO <input type="checkbox"/>							

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:

Contd....2nd

Educational Qualifications:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE/ UNIVERSITY

Marks obtained in the Qualifying examination:

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained

ADDRESS PARTICULARS:

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

DECLARATION

I, Sri./ Kum./ Smt. , S/o / D/o / W/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.

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