GOVERNMENT OF TELANGANA.
OFFICE OF THE DIST. MEDICAL AND HEALTH OFFICER,
JOGULAMBA GADWAL DISTRICT.

Notification No. 474/ 2025, **Date: 11 .04.2025.**

//APPLICATION FORM//

PHOTO

APPLICATION FOR THE POST OF MEDICAL OFFICER - BDK
UNDER NHM ON CONTRACT BASIS.

REGISTRATION NO. _____, Date:_____.
(To be filled by Office only)

Name of the Candidate	
Father/Husband Name	
Date of Birth (SSC Certificate to be enclosed)	
Gender (Please tick)	Male / Female
Community Status (Certificate to be enclosed)	SC/ST/BC (A)/ BC(B) / BC (C) BC (D) / BC (E) /EWS/ OC
Whether Physically Handicapped	Yes / No (If Yes, Please mention category and Certificate to be enclosed)
Whether Ex -Service Men/Women	Yes / No (If Yes, Certificate to be enclosed)
Address for Communication	
Mobile No	
E-Mail ID	

Details of School Education :

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

Educational Qualification:

Name of the Education	Year of Education	Year of Passing	Name of the College & District	Name of the University

Details of Marks in Qualifying Examination/Course.

Name of the Qualifying Examination/Course	Year of Passing	Consolidated Total Marks of the Exam	Marks obtained by the Candidate	Percentage (%) obtained/ Grade obtained

Details of Registration of Qualifying Examination/Course.

Registration No	Registration Date	Name of the Council Where Registered

DECLARATION

I hereby declare that all the details provided by me in the above application, are true and correct to the best of my knowledge. Any misrepresentation and suppression of facts by me, if noticed at a later date, will forfeit my right to appointment and I shall be responsible for the same.

Date. **Signature of the Candidate**

List of Enclosures (Xerox copies of Certificates duly self attestation)

1. 6.
2. 7.
3. 8.
4. 9.
5. 10.