

**GOVERNMENT OF TELANGANA**  
**NOTIFICATION NO. Rc.No.2317/2020, Dated: 27.01.2021**  
**RECRUITMENT OF CERTAIN POSTS ON CONTRACT/OUTSOURCING BASIS**  
**UNDER NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME UNDER NHM**  
**APPLICATION FORM**

Registration No:  
*(For office use only)*

Post for which  
 Application made

|                          |  |   |   |                          |                          |                          |                          |                   |           |           |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--|---|---|--------------------------|--------------------------|--------------------------|--------------------------|-------------------|-----------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1.                       | Name of the Candidate                        |   | Paste<br>Photograph here<br>and sign across<br>by Self<br>attestation |                          |                          |                          |                          |                   |           |           |                          |                          |                          |                          |                          |                          |                          |                          |
| 2.a                      | Name of the Father                           |   |   |                          |                          |                          |                          |                   |           |           |                          |                          |                          |                          |                          |                          |                          |                          |
| 2.b                      | Name of the Mother                           |   |   |                          |                          |                          |                          |                   |           |           |                          |                          |                          |                          |                          |                          |                          |                          |
| 2.c                      | Name of the Husband<br>(If married)          |   |   |                          |                          |                          |                          |                   |           |           |                          |                          |                          |                          |                          |                          |                          |                          |
| 3                        | Gender (Sex)                                 |   |   |                          |                          |                          |                          |                   |           |           |                          |                          |                          |                          |                          |                          |                          |                          |
| 4                        | Date of Birth                                |   |   |                          |                          |                          |                          |                   |           |           |                          |                          |                          |                          |                          |                          |                          |                          |
| 5                        | Social Status (Please tick)                  | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>OC</b></td> <td style="text-align: center;"><b>BC<br/>- A</b></td> <td style="text-align: center;"><b>BC<br/>- B</b></td> <td style="text-align: center;"><b>BC<br/>- C</b></td> <td style="text-align: center;"><b>BC -<br/>D</b></td> <td style="text-align: center;"><b>BC<br/>- E</b></td> <td style="text-align: center;"><b>SC</b></td> <td style="text-align: center;"><b>ST</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | <b>OC</b>   | <b>BC<br/>- A</b>        | <b>BC<br/>- B</b>        | <b>BC<br/>- C</b>        | <b>BC -<br/>D</b>        | <b>BC<br/>- E</b> | <b>SC</b> | <b>ST</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>OC</b>                | <b>BC<br/>- A</b>                            | <b>BC<br/>- B</b>   | <b>BC<br/>- C</b>   | <b>BC -<br/>D</b>        | <b>BC<br/>- E</b>        | <b>SC</b>                | <b>ST</b>                |                   |           |           |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/> | <input type="checkbox"/>                     | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                   |           |           |                          |                          |                          |                          |                          |                          |                          |                          |
| 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 |
|-------|-----------------|---------------------------|
| IV    |                 |                           |
| V     |                 |                           |
| VI    |                 |                           |
| VII   |                 |                           |
| VIII  |                 |                           |
| IX    |                 |                           |
| X     |                 |                           |

District to which candidate belongs as per presidential order:

## 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

Name & Signature  
 of the Supervisor