

APPLICATON FORM

OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER, KURNOOL

Recruitment Notification under NHM

Notification No.01/NHM/2021, dated: 02.04.2021

REGISTRATION NO:

(TO BE FILLED BY THE OFFICE)

APPLICATION FOR THE POST OF:

1.	Name of the candidate:		Paste Photograph here and sign across it
2.a	Name of the Father		
2.b	Name of the Spouse (If Married)		
3.	Gender		
4.	Date of Birth, Age		
5.	Social Status (OC/SC/ST/ BC-A,B,C,D,E)		
6.	Status (Local/Non Local) as per study from 4 th to 10 th		
7.	Whether Physically handicapped Specify details. (VH / HH / OH / Multiple Disorder)		
8.	Whether Sports if any details:		
9	Name of the requisite qualification the applicant passed (Name of the Course)		
9 a)	Date of Completion of above requisite Qualification		
9 b)	Respective Council Registration No. & Date		
10	Whether Ex Service man/woman	Yes / No.	
11	Mobile Number of the candidate		
12	Demand Draft Number , Date and Amount		

13. DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

14. ACADEMIC QUALIFICATION EXAM MARKS:

Qualifying Examination	Total Marks (Max Marks)	Mark Obtained	% of Marks Obtained

15. TECHNICAL QUALIFICATION EXAM MARKS:

Qualifying Examination	Total Marks (Max Marks)	Mark Obtained	% of Marks Obtained

16. ADDRESS OF THE CANDIDATE WITH MOBILE NUMBER:

SIGNATURE OF THE APPLICANT

DECLARATION

I, SMT/ KUM /SRI.....D/o/S/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 & Signature of the candidate

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