

GOVERNMENT OF TELANGANA
OFFICE OF THE DISTRICT MEDICAL & HEALTH OFFICER, HYDERABAD DISTRICT

NOTIFICATION No. 2528/E1/2019; Dated: 24.05.2021

APPLICATION FOR THE POST OF **MEDICAL OFFICER (PART TIME)** ON
CONTRACT BASIS UNDER NATIONAL HEALTH MISSION.

APPLICATION FORM

REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)

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1.	Name of the candidate		Paste Photograph here and sign across it												
2.a	Name of the Father														
2.b	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;"><tr><td style="padding: 5px;">OC</td><td style="padding: 5px;">BC A</td><td style="padding: 5px;">BC B</td><td style="padding: 5px;">BC C</td><td style="padding: 5px;">BC D</td><td style="padding: 5px;">BC E</td><td style="padding: 5px;">SC</td><td style="padding: 5px;">ST</td></tr></table>						OC	BC A	BC B	BC C	BC D	BC E	SC	ST
OC	BC A	BC B	BC C	BC D	BC E	SC	ST								
6.	Whether Physically handicapped (Please tick)	YES / NO (If yes, enclose certificate)													
6(a)	If yes please mention category (Please tick)	HH/OH/VH													
7.	Whether Ex-Service man / woman	YES / NO (If yes, enclose certificate)													

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

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EDUCATIONAL QUALIFICATIONS

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/UNIVERSITY
MBBS		

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained
MBBS 1 st year			
MBBS 2 nd year			
MBBS 3 rd year			
MBBS 4 th year			
Total Marks			

MEDICAL COUNCIL DETAILS

Council Regn. No.	Date	Name of the Council	Valid upto

PERSONAL DETAILS

*Name :
*Father Name :
*Husband Name :
*House No. :
*Street :
*Village/Town :
*District :
*Pin code :
*Mobile No. : 1) 2)
*E-mail ID :

DECLARATION

I, Dr/Sri/Smt/Kum.....D/S/W/o.....
certify that the 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**