

GOVERNMENT OF TELANGANA
OFFICE OF THE DISTRICT MEDICAL & HEALTH OFFICER, JOGULAMBA GADWAL
DISTRICT

NOTIFICATION No. 404 /E1/2020, Dt: 23.06.2021

APPLICATION TO THE POST OF LAB-TECHNICIAN

ON CONTRACT BASIS UNDER SNCU PROGRAMME NATIONAL HEALTH MISSION.

APPLICATION FORM

REGISTRATION NO:
(TO BE FILLED BY THE
OFFICE)

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: 2px;">OC</td> <td style="padding: 2px;">BC A</td> <td style="padding: 2px;">BC B</td> <td style="padding: 2px;">BC C</td> <td style="padding: 2px;">BC D</td> <td style="padding: 2px;">BC E</td> <td style="padding: 2px;">SC</td> <td style="padding: 2px;">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
I		
II		
III		
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 BOARD/UNIVERSITY
BSc Lab- Technician		
DMLT		
DMLT vocational		

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

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

REGISTRATIO DETAILS

Regn. No.	Date	Name of the Council	Valid up to
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PERSONAL DETAILS

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

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**