

**GOVERNMENT OF TELANGANA**  
 OFFICE OF THE DISTRICT MEDICAL & HEALTH OFFICER, JOGULAMBA GADWAL  
 DISTRICT 23-06-2021  
**NOTIFICATION No. 0401/E1/2020, Dt: 21-11-2020**  
 APPLICATION TO THE POST OF STAFF-NURSE

ON CONTRACT BASIS UNDER NATIONAL HEALTH MISSION FOR SNCU

**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="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>OC</td> <td>BC A</td> <td>BC B</td> <td>BC C</td> <td>BC D</td> <td>BC E</td> <td>SC</td> <td>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 (Nursing)		
GNM		

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION**

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained
BSc(Nursing)1 <sup>st</sup> year			
BSc(Nursing) 2nd year			
BSc(Nursing) 3rd year			
BSc(Nursing)4th year			
<b>Total Marks</b>			
GNM 1 <sup>ST</sup> YEAR			
GNM2 <sup>ND</sup> YEAR			
GNM3 <sup>RD</sup> YEAR			
<b>Total Marks</b>			

**NURSING 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 :  
\*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**