



GOVERNMENT OF TELANGANA  
NOTIFICATION NO.: 443/DPMU-NHM/DMHO/SRD/2020  
RECRUITMENT FOR THE POST OF **Staff Nurse**

APPLICATION FORM

REGISTRATION NO:  
(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE:

**STAFF NURSE**

DISTRICT FOR WHICH APPLIED:

**SANGAREDDY**

1	Name of the Candidate		PHOTO															
2.a	Name of the Father																	
2.b	Name of the Mother																	
2.c	Name of Husband / Wife (if married)																	
3	Sex																	
4	Date of Birth																	
5	Social Status (Please tick)	<table border="1"><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><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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																
7	If yes please mention category (Please tick)	HH / OH / VH																
8	Whether Ex - Service (Man / Women)	YES / NO																

**DETAILS OF SCHOOL EDUCATION:**

CLASS	Regular /Private	Name of the School	Present DISTRICT of the School
Ist			
II nd			
III rd			
IV			
V			
VI			
VII			
VIII			
IX			
X			

DISTRICT TO WHICH CANDIDATE BELONGS AS PER GO.Ms. No. 124 GAD(SPF-MC) dated 30/08/2018

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**EDUCATIONAL QUALIFICATION:**

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERSITY

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION:**

QUALIFYING EXAMINATION	1 <sup>ST</sup> YEAR MARKS	2 <sup>ND</sup> YEAR MARKS	3 <sup>rd</sup> year MARKS	4 <sup>th</sup> year MARKS	Internship Marks
GNM					
BSC Nursing					

**ADDRESS PARTICULARS:**

NAME	:	
FATHER NAME	:	
HOUSE NO.	:	
STREET	:	
VILLAGE / TOWN	:	
DISTRICT	:	
PIN	:	
CONTACT NO.	:	
E-MAIL ID	:	

**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 AND SIGNATURE  
OF THE CANDIDATE

ACKNOWLEDGEMENT

RECEIVED APPLICATION FROM \_\_\_\_\_ FOR  
THE POST OF Staff Nurse

DATE:- \_\_\_\_\_

NAME AND SIGNATURE