GOVERNMENT OF TELANGANA

DISTRICT HEALTH SOCIETY, NIZAMABAD DISTRICT

NOTIFICATION NO. 05/2024

RECRUITMENT TO THE POST OF **MID LEVEL HEALTH PROVIDERS** ON **CONTRACT BASIS** TO WORK AT HEALTH AND WELLNESS CENTER, NIZAMABAD DISTRICT UNDER NATIONAL HEALTH MISSION

APPLICATION FORM

	ISTRATION NO: BE FILLED BY THE OFFIC	ČE)								
POS	T FOR WHICH APPLICAT	TION MA	ADE:							
DIS	TRICT FOR WHICH APPL	IED:								
1.	Name of the candidate									
2.a	Name of the Father									
2.b	Name of Mother									
2.c	Name of husband/wife (if married)							Paste Photograph here and sign across it		
3.	Sex									
4.	Date of Birth									
5.	Social Status (Please tick)		D.C.	D.C.	D.C.	D.C.	l DC	. 1	T	
		OC	BC A	BC B	BC C	BC D	BC E	SC	ST	EWS
6.	Whether Physically handicapped		l		VE	g /	NO	1	I	
6(a)	(Please tick) If yes please mention category (Please tick)	YES / NO HH / OH / VH								
7.	Whether Ex Service Man/Woman				YES	/	N	O		

DETAILS OF SCHOOL EDUCATION:

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

DISTRI	CT TO WHICH CANDIDATE BELONGS AS PER PRESID	ENTIAL ORDER
EDUC A	TIONAL QUALIFICATIONS:	

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE/UNIVERSITY

MARKS OBTAINED IN THE QUALIFYING EXAMINATION:

Qualifying Examination	Year	Total Marks	Marks Obtained	% of Marks Obtained

<u>ADDRESS</u>	<u>S PARTICUI</u>	LARS:
Na	ame	:
	ther Name/ usband Name	:
Но	ouse No	:
Str	reet	:
Vi	llage/Town	:
Ma	andal	:
Di	strict	:
Pir	n	:
Mo	obile Number	:
		DECLARATION
I,S	Smt/Kum/Sri	D/o/S/o
	certify	that above particulars furnished by me is correct to the best of my
knowledge	e. I also agree	that in the event of any of the particulars furnished in my application
being foun	d to be incorre	ect or false at a later date my candidature will be cancelled summarily
		NAME AND SIGNATURE OF THE CANDIDATE

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FOR OFFICE USE ONLY

Date of Receipt of application:

Candidate has submitted all the attested copies of the certificates as per instructions .All the particulars submitted by the individual are verified with respect to the certificates and found correct

Name & Signature of the Clerk

Name & Signature of the Supervisor

Acknowledgement

	Received application from Sri/Smt	_ for application to the		
post	of on (Date)	(time). Copies of th		
follo	wing certificates are found.			
1.	S.S.C or Equivalent examination			
2.	Intermediate or 10+2 examinations			
3.	Qualifying Examination Pass Certificate			
4.	Marks memos of all the years (Qualifying Examination)			
5.	Registration certificates of respective councils.			
6.	Latest Caste certificate issued by the Tashildhar/MRO concern	ned		
7.	Study certificate for the years from 4 th Class to 10 th Class and 1	In case of		
	Private study residence certificate from the Tashildhar /MRO	concerned		
8.	PH certificate in respect of candidates Claiming reservation un	nder PH Quota		
9.	Relevant Certificates in respect of candidates claiming Ex Serv	vice man		
	Quota			
10.	1 photographs duly pasted on the application form			

Aadhar Card Xerox

11.

Signature of Receiving Officer