

**GOVERNMENT OF TELANGANA
TELANGANA VAIDYA VIDHANA PARISHAD
OFFICE OF THE PROGRAMME OFFICER (HS&I), HYDERABAD**

NOTIFICATION NO. 3131/DSC/POHS&I/HYD/2024-01, Dt: 09-11-2024

APPLICATION FOR THE POST CIVIL ASSISTANT SURGEON SPECIALIST ON CONTRACT BASIS FOR A PERIOD UPTO 31.03.2025 IN TVVP, HOSPITAL HYDERABAD DISTRICT.

APPLICATION FORM

APPLICATION NO:
(TO BE FILLED BY THE OFFICE) SPECIALITY APPLIED FOR : _____

1.	Name of the candidate		Passport size photograph affix here and sign across it							
2.a	Name of the Father									
2.b	Name of the Husband/wife (if married)									
3	Gender (please tick)	Male / Female								
4	Date of Birth									
5	Social Status (Please tick)	<input type="checkbox"/> OC	<input type="checkbox"/> BC- A	<input type="checkbox"/> BC- B	<input type="checkbox"/> BC- C	<input type="checkbox"/> BC- D	<input type="checkbox"/> BC- E	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> EWS
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 STUDY	NAME OF THE SCHOOL	DISTRICT IN WHICH YOU STUDIED
I			
II			
III			
IV			
V			
VI			
VII			

DISTRICT TO WHICH CANDIDATE BELONGS AS PER PRESIDENTIAL ORDER

EDUCATIONAL QUALIFICATIONS

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/ UNIVERSITY
MBBS		
DEGREE/DIPLOMA/DNB		

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

QUALIFYING EXAMINATION	TOTAL MARKS	MARKS OBTAINED	PERCENTAGE OF MARKS OBTAINED
MD/DIPLOMA/DNB			

MEDICAL COUNCIL REGISTRATION

COURSE	COUNCIL REGN. NO	DATE	NAME OF THE COUNCIL	VALID UPTO
MBBS				
PG DEGREE/ DNB				
PG DIPLOMA				

PERSONAL DETAILS:

- Name :
- Father's Name :
- Husband's Name :
- House No. :
- Street :
- Village/Town :
- District :
- Pin code :
- Mobile No. : 1)
- Email-ID : 2)

DECLARATION

I, Dr. _____ D/S/W/o _____ declare 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