

**Last Date of Application: – 15.03.2017**

**GOVERNMENT OF TELANGANA  
HEALTH, MEDICAL & FAMILY WELFARE DEPT., KARIMNAGAR DIST.  
NOTIFICATION NO. E1/9916/2017**

**RECRUITMENT OF CIVIL ASSISTANT SURGEON (MEDICAL OFFICER) POST  
ON CONTRACTUAL BASIS**

**APPLICATION FORM**

REGISTRATION NO:–  
(TO BE FILLED BY THE OFFICE)

|       |  |   |  |         |         |         |         |         |    |    |
|-------|--|---|--|---------|---------|---------|---------|---------|----|----|
| 1.    | Name of the Candidate                        |   | Paste Photograph here and sign across it |         |         |         |         |         |    |    |
| 2.    | Name of the Father                           |   |  |         |         |         |         |         |    |    |
| 3.    | Name of the Mother                           |   |  |         |         |         |         |         |    |    |
| 4.    | Name of Husband/Wife (If married)            |   |  |         |         |         |         |         |    |    |
| 5.    | Sex  |   |  |         |         |         |         |         |    |    |
| 6.    | Date of Birth                                |   |  |         |         |         |         |         |    |    |
| 7.    | Social Status (Please tick)                  | <table border="1"><tr><td>OC</td><td>BC<br/>A</td><td>BC<br/>B</td><td>BC<br/>C</td><td>BC<br/>D</td><td>BC<br/>E</td><td>SC</td><td>ST</td></tr></table> | OC                                       | BC<br>A | BC<br>B | BC<br>C | BC<br>D | BC<br>E | SC | ST |
| OC    | BC<br>A                                      | BC<br>B   | BC<br>C                                  | BC<br>D | BC<br>E | SC      | ST      |         |    |    |
| 8.    | Whether Physically handicapped (Please tick) | YES / NO  |  |         |         |         |         |         |    |    |
| 8.(a) | If yes please mention category (Please tick) | HH / OH / VH  |  |         |         |         |         |         |    |    |
| 9.    | Whether Ex Serviceman/Woman                  | YES / NO  |  |         |         |         |         |         |    |    |
| 10.   | DD No, Date, Amount, Bank Name               |   |  |         |         |         |         |         |    |    |

**DETAILS OF SCHOOL EDUCATION:–**

| CLASS | YEAR OF PASSING | DISTRICT IN WHICH STUDIED |
|-------|-----------------|---------------------------|
| 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 COLLEGE/UNIVERSITY |
|---------------|-----------------|--------------------------------|
|               |                 |                                |

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION**

| Qualifying Examination    | Total Marks | Marks Obtained | % of Marks Obtained |
|---------------------------|-------------|----------------|---------------------|
| MBBS 1 <sup>st</sup> Year |             |                |                     |
| MBBS 2 <sup>nd</sup> Year |             |                |                     |
| MBBS 3 <sup>rd</sup> Year |             |                |                     |
| MBBS Final Year           |             |                |                     |
| Total                     |             |                |                     |

**ADDRESS PARTICULARS:**

Name :

Father Name/

Husband name :

House No :

Street :

Village/Town :

District :

Pin :

Mobile Number :

**DECLARATION**

I, Dr. \_\_\_\_\_ 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** : -

**Signature** : -

**Mobile No** : -

**Certificates to be submitted:-**

1. Secondary School Certificate or Equivalent Examination
2. Intermediate or 10 + 2 Examination
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 Tahsildar/MRO concerned
7. Study certificates for the years from 4<sup>th</sup> class to 10<sup>th</sup> Class and incase of Private study residence certificate from the Tahsildar/MRO concerned
8. PH certificate in respect of candidates Claiming reservation under PH quota
9. Relevant certificates in respect of candidates claiming Ex Service man Quota
10. (1) Photographs duly pasted on the application form
11. Rs.300/- DD shall be submitted in favour of DM&HO, Karimnagar along with the above certificates.