

Last Date:- 14/09/2015

upto 5:00 PM

**GOVERNMENT OF TELANGANA**  
**DISTRICT HEALTH SOCIETY, KARIMNAGAR DISTRICT**  
**NOTIFICATION NO. 4688**

**RECRUITMENT OF CERTAIN POSTS ON CONTRACT BASIS UNDER**  
**RASTRIYA BALA SWASTHYA KARYAKRAM, NATIONAL HEALTH**  
**MISSION**

**APPLICATION FORM**

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

POST FOR WHICH APPLICATION  
 MADE:-

DISTRICT FOR WHICH APPLIED:-

1.	Name of the Candidate		Paste Photograph here and sign across it											
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" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px;">OC</td> <td style="padding: 2px;">BC A</td> <td style="padding: 2px;">BC B</td> <td style="padding: 2px;">BC C</td> <td style="padding: 2px;">BC D</td> <td style="padding: 2px;">BC E</td> <td style="padding: 2px;">SC</td> <td style="padding: 2px;">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												
6.(a)	If yes please mention category (Please tick)	HH / OH / VH												
7.	Whether Ex Serviceman/Woman	YES / NO												

**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**

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**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

**ADDRESS PARTICULARS:**

Name :

Father Name/

Husband name :

House No :

Street :

Village/Town :

District :

Pin :

Cell :

**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 & SIGNATURE  
OF THE CANDIDATE**

