## **GOVERNMENT OF TELANGANA**

# DISTRICT HEALTH SOCIETY, NIZAMABAD DISTRICT

## **NOTIFICATION NO. 01/2023**

RECRUITMENT FOR THE POST OF \_\_\_\_\_ON CONTRACT BASIS TO WORK AT TELANGANA DIAGNOSTIC HUB IN NIZAMABAD UNDER NATIONAL HEALTH MISSION.

		<b>A DD</b> 1	LICAT	ION FO	)RM				
		AIII	LICAT	IONT	JINIVI				
REG	ISTRATION NO:								
(TO)	(TO BE FILLED BY THE OFFICE								
		,							
POST F	OR WHICH APPLICATION	MADE:							
10511	ok willen hir Elemion	WII NDL.							
DICTDI	CT FOR WHICH APPLIED:								
	1	Г							
1.	Name of the candidate								
2.a	Name of the Father								
2.b	Name of Mother								
	Name of husband/wife (if						Paste	Photogr	aph here
2.c	married)						1	sign ac	-
3.	Sex								
4.	Date of Birth						_		
5.	Social Status(Please tick)								
		OC	BC	BC	BC	BC	BC	SC	ST
			A	В	С	D	E		
6.	Whether Physically handicapped (Please tick )	YES / NO							
6(a)	If yes please mention category (Please tick )		НН	/	(	ЭН	/	VH	
7.	Whether Ex Service man/woman			Y	ES	/ ]	NO		

## **DETAILS OF SCHOOL EDUCATION:**

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
I		
II		
III		
IV		
V		
VI		
VII		
ISTRICT TO WHICH CAN	NDIDATE BELONGS AS PER PRE	SIDENTIAL ORDER

# **EDUCATIONAL OUALIFICATIONS:**

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE/UNIVERSITY

## MARKS OBTAINED IN THE OUALIFYING EXAMINATION:

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained	

# **ADDRESS PARTICULARS:** Name Father Name/ Husband Name: House No Street Village/Town: District Pin Mobile Number: **DECLARATION** I,Smt/Kum/Sri......D/o/S/o...... .....certify that above particulars furnished by me is 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 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	ofon(Date)	(time). Copies of the
follo	wing certificates are found.	
1.	S.S.C 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 Tashildhar/MRO concern	ned
7.	Study certificate for the years from 4 <sup>th</sup> class to 10 <sup>th</sup> Class and i	in case of
	Private study residence certificate from the Tashildhar /MRO	concerned
8.	PH certificate in respect of candidates Claiming reservation ur	nder PH Quota
9.	Relevant Certificates in respect of candidates claiming Ex Ser	vice man
	Quota	
10.	1 photographs duly pasted on the application form	

Aadhar Card Xerox

**Signature of Receiving Officer**