

GOVERNMENT OF TELANGANA
HEALTH MEDICAL AND FAMILY WELFARE DEPARTMENT
(O/o.The Principal, Government Medical College,Nirmal District)

APPLICATION FOR THE POST OF _____

ON OUTSOURCING BASIS

1. Name of the Applicant:

(In Block Letters)

2. Father's Name:

3. Date of Birth

4. Gender: Male

Female

5. Social Status:

(Please tick)

OC

BC

A/B/C/D/E

SC

ST

EWS

6. Special Quota:

i.Ex-Servicemen

ii. Physically Handicapped

VH

HH

OH

7. Educational Qualification:

8. Technical Qualification:

9. Council Registration No./Date/Valid up to:

10. Local District/Status (based on the 1st to 10th class study):

(As per presidential order)

11. Address for communication:

12. Mobile No:

13. Email.Id:

Place:

Date:

Signature of the Candidate