

Application Form-
DMHO- MEDCHAL MALKAJGIRI DISTRICT,
TELANGANA - 2024

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LATEST
SELF ATTESTED
PHOTOGRAPH

Name of the Post Applied : _____

1. Full Name (BLOCK LETTERS): _____
2. Father's/Husband's Name _____
3. Date of Birth & Age: _____
4. Sex: Male/Female
5. Community : _____
6. Physically Handicapped Category : _____
7. Contact Particulars: E-mail address: _____
Mobile Number: _____
8. (a) Present Residential Address : _____
(b) Permanent Residential Address: _____
- 9 (a) My PAN Card No. is _____.
(b) My Aadhar Card No. is _____.
10. Local / Non Local (Specify): _____

11. Educational Qualifications:

(Please attach attested copies of certificates/degrees in support of your qualifications)

Qualification	School /College	College / University	Year	Marks in percent age	Remarks If Any

12. (a) Present employment/post held :__

NOTE:

1. **INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED.**
2. **SUBMIT ALONG WITH APPLICATION, ONE ATTESTED PHOTOCOPIES OF DOCUMENTS AS PER THE LIST OF ENCLOSURES MENTIONED BELOW AT TIME OF WALK IN INTERVIEW.**

S.No	Particulars of enclosures	Yes/No
1.	SSC Certificate/ Birth Certificate (Proof of Age)	
2.	Study/ Bonafide certificate (1 st to 7 th Class)	
3.	SSC / Intermediate / Degree	
4.	Recent Passport size colour photo	
5.	Aadhar Card	
6.	PAN Card	
7.	Community Certificate issued by competent authority	
8.	Physically Handicapped Certificate	

DECLARATION BY THE CANDIDATE

(Post applied for _____)

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any mis-statement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons there of I am not aware of any circumstance which might impair my fitness for employment.

Date

:

Signature of the candidate

Place: