

GOVERNMENT OF TELANGANA
HEALTH, MEDICAL & FAMILY WELFARE DEPT., RAJANNA SIRCILLA DIST.
RECRUITMENT FOR THE POST OF _____ ON CONTRACT BASIS FOR
ONE YEAR 2026-27
APPLICATION FORM October/2026.

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" style="display: inline-table; text-align: center;"> <tr> <td>OC</td> <td>BC A</td> <td>BC B</td> <td>BC C</td> <td>BC D</td> <td>BC E</td> <td>SC</td> <td>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				
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									

DETAILS OF SCHOOL EDUCATION:--

CLASS	YEAR OF PASSING	NAME OF THE SCHOOL	NAME OF THE VILLAGE, MANDAL	DISTRICT IN WHICH STUDIED
I				
II				
III				
IV				
V				
VI				
VII				

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
Total			

ADDRESS PARTICULARS:

Name :
Father Name/
Husband name :
House No :
Street :
Village/Town :
District :
Pin :
Mobile Number :

DECLARATION

I, _____ 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.

Signature : -
Name : -
Mobile No. : -

Self-attested copies of the following certificates shall should be enclosed with the application form.

Sl.No	Name of the Certificate enclosed
1	Demand draft
2	SSC or 10th class Certificate (for date of birth proof)
3	Board of Intermediate or 10+2 examination
4	Qualifying Examination Pass Certificate i.e for the post of LT as mentioned above and for the post of STLS as mentioned above
5	Provisional Certificate
6	Internship Certificate
7	Registration Certificate of respective Councils
8	Study Certificate(1st to 7thClass) for claiming local status
9	For candidates who have not studied in any school, Residence Certificate (1st to 7th Class period) for claiming local status
10	Latest Community Certificate (SC/ST/BC/EWC) issued by the competent authority of Telangana Government (as applicable)
11	Latest ' Income and Asset Certificate' for applicants claiming EWS reservation issued by the competent authority of Telangana Government
12	Sports certificate issued by competent authority for applicants claiming reservation under sports category
13	SADAREM certificate for applicants claiming PH reservation
14	Service certificate and relevant certificates in respect of candidate for claiming age relaxation under Ex-Servicemen
15	Applicant's Photograph duly pasted on the application form

Acknowledgement

Applicant name : _____

Father Name : _____

Applied for the post : _____

Registration No. : _____

Date : _____

Signature of the Officer: _____