

GOVERNMENT OF TELANGANA
NATIONAL URBAN HEALTH MISSION

APPLICATION FOR THE POST OF _____

ON CONTRACT BASIS

REGISTRATION NO.

1. Name of the Applicant :

(IN BLOCK LETTERS)

PHOTO

2. Father's Name:

3. Date of Birth :

4. Gender: Male Female

5. Social Status:

(pl tick the appropriate box): OC BC A B C D E SC ST

6. Special Quota

i .Ex- Service men: ii. Physically disabled: VH HH OH

7. Educational qualification:

8. Technical qualification:

9. Local District /Status (based on the 4 th to 10 th class Study)

(as per Presidential Order):

10. Address for Communication:

SIGNATURE OF THE APPLICANT

Place:

Date: