



**OFFICE OF THE DISTRICT MEDICAL AND HEALTH OFFICER, SANGAREDDY DISTRICT**

**NOTIFICATION NO.: 463/Plg/DMHO/SRD/2025 Dated 29/04/2025**

**APPLICATION FORM**

**REGISTRATION NO:**  
(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE:

DISTRICT FOR WHICH APPLIED:

**SANGAREDDY**

1	Name of the Candidate		PHOTO																					
2.a	Name of the Father																							
2.b	Name of the Mother																							
2.c	Name of Husband / Wife (if married)																							
3	Sex																							
4	Date of Birth																							
5	Social Status (Please tick)	<table><tr><th>OC</th><th>BC A</th><th>BC B</th><th>BC C</th><th>BC D</th><th>BC E</th><th>SC I</th><th>SC II</th><th>SC III</th><th>ST</th><th>EWS</th></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	OC	BC A	BC B	BC C	BC D	BC E	SC I	SC II	SC III	ST	EWS											
OC	BC A	BC B	BC C	BC D	BC E	SC I	SC II	SC III	ST	EWS														
6	Whether Physically Handicapped (Please tick)	YES / NO																						
7	If yes please mention category (Please tick)	HH / OH / VH																						
8	Whether Ex – Service (Man / Women)	YES / NO																						

**DETAILS OF SCHOOL EDUCATION:**

CLASS	Regular /Private	Name of the School	Present DISTRICT of the School
I st			
II nd			
III rd			
IV			
V			
VI			
VII			

**EDUCATIONAL QUALIFICATION:**

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERSITY

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION:**

QUALIFYING EXAMINATION	1 <sup>ST</sup> YEAR MARKS	2 <sup>ND</sup> YEAR MARKS	3 <sup>rd</sup> year MARKS	4 <sup>th</sup> year MARKS	Total Marks

**Maximum marks**\_\_\_\_\_**Marks Secured**\_\_\_\_\_

**ADDRESS PARTICULARS:**

NAME	:	
FATHER NAME	:	
HOUSE NO.	:	
STREET	:	
VILLAGE / TOWN	:	
DISTRICT	:	
PIN	:	
CONTACT NO.	:	
E-MAIL ID	:	

**DECLARATION**

I, Smt. / Kum. / Sri. \_\_\_\_\_, 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.

**NAME AND SIGNATURE  
OF THE CANDIDATE**

**ACKNOWLEDGEMENT**

RECEIVED APPLICATION FROM \_\_\_\_\_ FOR

THE POST OF \_\_\_\_\_

DATE:- \_\_\_\_\_

NAME AND SIGNATURE