Application for the post of in Mancherial District LastdateforReceivingofApplicationon15.03.2025 to 19.03.2025, 5.00PM

| 1 | Name of the Candidate | | | | | | | | | |
|---|---|----|------|------|------|------|------|----|------------------------|-----|
| 2 | Name of the Father | | | | | | | | | |
| 3 | Name of the Mother | | | | | | | | Photograp gn across | |
| 4 | Name of the Husband | | | | | | | | attestatio | |
| 5 | Gender | | | | | | | | | |
| 6 | Date of Birth | | | | | | | | | |
| 7 | Social Status(Please tick) | ОС | BC-A | BC-B | BC-C | BC-D | вс-е | SC | ST | EWS |
| | | | | | | | | | | |
| 8 | Whether Physically handicapped(Please tick) | | Yes | | No | | | | | |
| | , | | НН | | ОН | VH | | | | |
| 9 | Whether Ex- Servicemen/Woman (Please tick) | | Yes | | No | | | | | |

Details of School Education:-

| Class | Year of Education | Regular/Private | Name of the School | District of the School |
|------------------|----------------------|-----------------|--------------------|---------------------------|
| 1 st | | | | |
| 2 nd | | | | |
| 3 rd | | | | |
| 4 th | | | | |
| 5 th | | | | |
| 6 th | | | | |
| 7 th | | | | |
| 8 th | | | | |
| 9 th | | | | |
| 10 th | | | | |

| District to which candidate belongs to as per Presidential order: | |
|---|--|
| | |

Details of Qualifying Examination:-

| Course | Year of | Year of | Name of the | Name of the |
|--------|-----------|---------|------------------|-------------|
| | Education | Passing | College&District | University |
| | | | | |

Details of Registration of Qualifying Exam:

| Registration No | Registration Date | Name of the Council Where Registered |
|-----------------|-------------------|---|
| | | |

Detail s of Marks in Qualifying Exam:-

| Consolidated Total Marks of the Exam | Marks obtained by the Candidate | Percentage (%) Obtained/Grade Obtained |
|--------------------------------------|------------------------------------|--|
| | | |

| Demand Draft No. | D.D. Date | Name of the Bank &Branch |
|------------------|-----------|--------------------------|
| | | |

ADDRESS PARTICULARS:

Name :
Father/Husband Name :
House No. :
Street :
Village/Town :
District :
Pin :
Contact No. :

Check List:

| 1 | S.S.C or Equivalent examination. |
|----|---|
| 2 | Intermediateor10+2examination. |
| 3 | Qualifying Examination Pass Certificate. |
| 4 | Marks Memos of all the years(qualifying examination) |
| 5 | Registration Certificates of respective Councils |
| 6 | Latest Caste Certificate issued by the Tahsildhar/MRO concerned |
| 7 | Study certificate for the years from 1th classto10 ^t " class and in Case of Private study residence certificate from the Tahsildhar/MRO concerned. |
| 8 | PHcertificateinrespectofcandidatesclaimingreservationunderPHQuota. |
| 9 | Relevant certificates in respect of candidates claiming Ex-service Men Quota. |
| 10 | 1Photographdulypastedontheapplicationform. |
| 11 | Acknowledgement Card. |

<u>DISTRICTMEDICALANDHEALTHOFFICER::MANCHERIAL</u> <u>ACKNOWLEGEMENT TO CANDIDATE</u>

Application No.

| Application for the post ofon (| Contract/Outsourcing |
|---------------------------------|----------------------|
| basis, Received from | |
| Kum/Smt | |
| D/o, W/oR/oR/o | |
| | |
| Date: | Signature of the |
| | Receiving Employee |