

GOVERNMENT OF TELANGANA
OFFICE OF THE PROGRAMME OFFICER (HS&I), HYDERABAD
NOTIFICATION FOR WALK-IN-INTERVIEW
NOTIFICATION NO. 3131/DSC/POHS&I/HYD/2021-2, Dt:04-10-2021

APPLICATION FOR THE POST CAS(SPL) ON CONTRACT BASIS FOR A PERIOD UPTO
31-03-2022 OR TILL THE ACTUAL NEED CEASES, WHICHEVER IS EARLIER

APPLICATION FORM

REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)

1.	Name of the candidate		Past photograph here and sign across it									
2.a	Name of the Father											
2.b	Name of the Husband/wife (if married)											
3	Sex											
4	Date of Birth											
5	Social Status (Please tick)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">OC</td> <td style="padding: 2px;">BC-A</td> <td style="padding: 2px;">BC-B</td> <td style="padding: 2px;">BC-C</td> <td style="padding: 2px;">BC-D</td> <td style="padding: 2px;">BC-E</td> <td style="padding: 2px;">SC</td> <td style="padding: 2px;">ST</td> <td style="padding: 2px;">EWS</td> </tr> </table>		OC	BC-A	BC-B	BC-C	BC-D	BC-E	SC	ST	EWS
OC	BC-A	BC-B	BC-C	BC-D	BC-E	SC	ST	EWS				
6	Whether Physically Handicapped (Please tick)	Yes/No (If Yes enclose certificate)										
6.a	If yes please mention category (Please tick)	HH/OH/VH										
7	Whether ex-service man/woman	Yes/No (If Yes enclose certificate)										

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED
I		
II		
III		
IV		
V		
VI		
VII		

DISTRICT TO WHICH CANDIDATE BELONGS AS PER PRESIDENTIAL ORDER

EDUCATIONAL QUALIFICATIONS

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/ UNIVERSITY
MBBS		
MD/DIPLOMA/DNB		

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

QUALIFYING EXAMINATION	TOTAL MARKS	MARKS OBTAINED	PERCENTAGE OF MARKS OBTAINED
MBBS 1 ST YEAR			
MBBS 2 ND YEAR			
FINAL MBBS PART-I			
FINAL MBBS PART-II			
TOTAL MARKS			
MD/DIPLOMA/DNB			

MEDICAL COUNCIL REGISTRATION

COURSE	COUNCIL REGN. NO	DATE	NAME OF THE COUNCIL	VALID UPTO
MBBS				
PG DEGREE/ DNB				
PG DIPLOMA				

PERSONNEL DETAILS:

- Name :
- Father's Name :
- Husband's Name :
- House No. :
- Street :
- Village/Town :
- District :
- Pincode :
- Mobile No. : 1)
- Email-ID : 2)

DECLARATION

I, Dr. _____ D/S/W/o _____
declare that the 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