

OFFICE OF THE DISTRICT MEDICAL & HEALTH OFFICER : NIZAMABAD

| APPLICATION FORM FOR RECRUITMENT OF CERTAIN POSTS WOKRING UNDER CONTROL OF DM&HO, NIZAMABAD | |
|--|--|
| Name of the Post | |
| Name of the Candidate, Father Name & Address | |
| Gender | |
| Date of Birth (as per SSC) | |
| Age as on 01-07-2021 | |
| Caste | |
| PH (Yes/No) | |
| Ex-Service (Yes/No) | |
| Enclosed Bonafides (4th to 10th) | |
| Dist. | |
| Zone/Other State | |
| Education Qualification | |
| Max Marks | |
| 1st Year | |
| 2nd Year | |
| 3rd Year | |
| 4th Year | |
| Total | |
| Percentage % | |
| Date of Passing | |
| Reg. No | |
| Reg Date | |
| University | |
| Cell No. | |
| E-Mail | |
| Remarks | |

Date:

Signature of the Candidate