

TIRUMALA TIRUPATI DEVASTHANAMS: TIRUPATI



**APPLICATION FOR THE POST OF CONTRACT MEDICAL OFFICER (CAS) ON CONTRACT BASIS FOR
A PERIOD OF ONE YEAR AT TTD HOSPITALS, TIRUMALA/ TIRUPATI**

Application No.
(office use only)

Latest Passport
size Photo with self
attestation

1	Name of the Applicant (in Capital Letters)	Sur Name				Name						
2	Father's Name / Husband Name											
3	Sex	Male				Female		Trans Gender				
4	Date of Birth (DD-MM-YYYY)	D	D	M	M	Y	Y	Y	Y			
5	Age as on 01-07-2022	D	D	M	M	Y	Y	Y	Y			
6	Nationality / Religion											
7	Social Status	ST/SC/BC/OC				If BC Category Specify Group :		A	B	C	D	E
8	Whether claiming relaxation of Age if any(Specify the category)											
9	Details of School Education (Certificates must be enclosed)											
Sl. No.	Class	Name of the School & Place				Year of Passing		District				
1	IV											
2	V											
3	VI											
4	VII											
5	VIII											
6	IX											
7	X											

12. Details of Educational Qualification:(Attested copies to be enclosed)

Educational Qualification	Month and Year of Passing	Max. Marks	Marks obtained	Percentage of Marks	Number of completed years after completion of MBBS
MBBS					

13. Registration Details:

A.P. Medical Council Regd. No & Date for concerned Specialty	Register Number	Valid upto

14	Address for communication along with PIN Code : (in capital letters)		
	Name of the Candidate	:	
	Fathers / Husband Name	:	
	House No	:	
	Street	:	
	Village / Town / City/ Mandal	:	
	District PIN Code	:	
	State	:	
	Mobile No.	:	
	E-mail ID if any	:	

**Signature of the Candidate
(Full name in capital letters)**

DECLARATION BY THE APPLICANT

I,Dr._____S/o,D/o,W/o_____, certify that the particulars given above are correct and true to the best of my knowledge and belief. 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 appointment will be cancelled summarily and I will be liable for punishments if any as per Rules and Law.

I,Dr._____S/o,D/o,W/o,_____will abide by the rules under which I may be appointed and contract service in any part of TTD Medical Institutions if selected. I will join in the place where I am posted as per the requirement of the department within the stipulated time specified by the authorities failing which I forfeit my rights to be appointed in this recruitment.

Station :

Date :

SIGNATURE OF THE APPLICANT