# **GOVERNMENT OF TELANGANA**

# DISTRICT HEALTH SOCIETY, NIZAMABAD DISTRICT

#### NOTIFICATION NO. 09/2024

# RECRUITMENT TO THE (1) POST OF **STAFF NURSE** ON **CONTRACT BASIS** TO WORK AT NATIONAL QUALITY CERTIFICATION OF PUBLIC FECELITIES IN NCD PROGRAMME UNDER NATIONAL HEALTH MISSION IN NIZAMABAD DISTRICT

# **APPLICATION FORM**

(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE:

# DISTRICT FOR WHICH APPLIED:

1.	Name of the candidate									
2.a	Name of the Father									
2.b	Name of Mother									
2.c	Name of husband/wife (if married)						]	Paste Photograph here and sign across it		
3.	Sex									
4.	Date of Birth									
5.	Social Status (Please tick )	OC	BC A	BC B	BC C	BC D	BC E	SC	ST	EWS
6.	Whether Physically handicapped (Please tick )		I		YE:	S /	NO			
6(a)	If yes please mention category (Please tick )		HI	H	/	ОН		/	VH	
7.	Whether Ex Service Man/Woman				YES	/	NC	)		

# **DETAILS OF SCHOOL EDUCATION:**

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

# DISTRICT TO WHICH CANDIDATE BELONGS AS PER PRESIDENTIAL ORDER

# **EDUCATIONAL QUALIFICATIONS:**

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE/UNIVERSITY

# MARKS OBTAINED IN THE QUALIFYING EXAMINATION:

Qualifying Examination	Year	Total Marks	Marks Obtained	% of Marks Obtained

### **ADDRESS PARTICULARS:**

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

Mobile Number:

# **DECLARATION**

I,Smt/Kum/Sri.....D/o/S/o....

.....certify that above particulars furnished by me is 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

### FOR OFFICE USE ONLY

Date of Receipt of application :

Candidate has submitted all the attested copies of the certificates as per instructions .All the particulars submitted by the individual are verified with respect to the certificates and found correct

Name & Signature of the Clerk

Name & Signature of the Supervisor

# **Acknowledgement**

Received application from Sri/Smt		for application to			
post of	on	(Date)	(time). Copies of the		
following certificates are found.					

1.	S.S.C or Equivalent examination
2.	Intermediate or 10+2 examinations
3.	Qualifying Examination Pass Certificate (B.Sc – N)
4.	Marks memos of all the years of B.Sc (N) (Qualifying Examination)
5.	Registration certificates of respective councils.
6.	Latest Caste certificate issued by the Tashildhar/MRO concerned
7.	Study certificate for the years from 1 <sup>st</sup> Class to 7 <sup>th</sup> Class and In case of
	Private study residence certificate from the Tashildhar /MRO concerned
8.	PH certificate in respect of candidates Claiming reservation under PH Quota
9.	Relevant Certificates in respect of candidates claiming Ex Service man
	Quota
10	Registration certificate from the Concerned Medical Council / Nursing
	Council / Paramedical Board of Telangana
11.	Experience certificate for (2) years for the post.
12.	One (1) Photograph duly pated on the application form

Signature of Receiving Officer