

GOVERNMENT OF TELANGANA
HEALTH MEDICAL AND FAMILY WELFARE DEPARTMENT
(O/o the Principal, Government Medical College, Vikarabad District)

**APPLICATION FOR THE POST OF _____ ON
OUTSOURCING BASIS.**

1. Name of the
Applicant : (In Block
Letters)

2. Fathers' Name :

3. Date of Birth :

4. Gender : Male Female

5. Social Status :
(Please tick the appropriate box)

OC BC A/B/C/D/E SC ST

6. Special Quota:

i. Ex-Service men ii. Physically Disabled:

VH	HH	OH
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7. Educational Qualification:

8. Technical Qualification:

9. Council Registration No./Date / Valid up to :

10. Local District / Status (based on the 1st to 10th class
study): (as per Presidential Order)

11. Address for Communication:

12. Mobile No:

13. Email. ID:

Place:

Date:

Signature of the Candidate