



GOVERNMENT OF TELANGANA

NOTIFICATION NO.: 106/Plg./DMHO/MDK/2026

APPLICATION FORM



REGISTRATION NO:

(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE:

DISTRICT FOR WHICH APPLIED:

MEDAK

1	Name of the Candidate									PHOTO
2.a	Name of the Father									
2.b	Name of the Mother									
2.c	Name of Husband / Wife (if married)									
3	Sex									
4	Date of Birth									
5	Social Status (Please tick)	OC	EW	BC A	BC B	BC C	BC D	BC E	SC (Grade)	ST
6	Whether Physically Handicapped (Please tick)	YES / NO								
7	If yes please mention category (Please tick)	HH / OH / VH								
8	Whether Ex – Service (Man / Women)/NCC	YES / NO								

DETAILS OF SCHOOL EDUCATION:

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIES
IV		
V		
VI		
VII		
VIII		
IX		
X		

DISTRICT TO WHICH CANDIDATE BELONGS AS PER PRESIDENTIAL ORDER:

--

EDUCATIONAL QUALIFICATION:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERSITY

MARKS OBTAINED IN THE QUALIFYING EXAMINATION**TECHNICAL QUALIFICATION:**

QUALIFYING EXAMINATION	1 ST Year Marks	2 nd Year Marks	3 rd Year Marks	4 th Year Marks

ADDRESS PARTICULARS:

NAME	:	
FATHER NAME	:	
HOUSE NO.	:	
STREET	:	
VILLAGE / TOWN	:	
DISTRICT	:	
PIN	:	
CONTACT NO.	:	
E-MAIL ID	:	

DECLARATION

I, Smt. / Kum. / Sri. _____, D/o, S/o. _____ certify that 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**

ACKNOWLEDGEMENT

RECEIVED APPLICATION FROM
_____ FOR THE POST OF DATA ENTRY
OPERATOR.

Application No.: _____

Dated: _____

NAME AND SIGNATURE