GOVERNMENT OF TELANGANA

O/o. the District Medical & Health Officer, Kamareddy District

NOTIFICATION No. 679/E1/DMHO/KMR/2026; Dated: .11.2026

APPLICATION FORM

Application for the post	

REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)

1.	Name of the candidate		Paste Photograph here and sign across it
2.a	Name of the Father		
2.b	Name of husband/wife (if married)		
3.	Sex		
4.	Date of Birth		
5.	Social Status (Please tick)	OC / BC A / BC B / BC C / BC D / BC E / SC (I / II / III) / ST	
6.	Whether Physically handicapped (Please tick)	YES / NO (If yes, enclose certificate)	
6(a)	If yes please mention category (Please tick)	HH/OH/VH	
7.	Whether Ex-Service man / woman	YES / NO (If yes, enclose certificate)	
8.	Whether EWS candidate	Yes / No	

DETAILS OF SCHOOL EDUCATION:

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

DISTRICT TO WHICH CANDIDATE BELONGS, AS PER PRESIDENTIAL ORDER

EDUCATIONAL QUALIFICATIONS

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/UNIVERSITY

P.T.O

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained
Graduation			
Post Graduation			

Note: Graduation Percentage will be considered for merit (excluding the marks of Languages).

DD no	DD Date	Name of the Bank	Amount

PERSONAL DETAILS

*Name :

*Father Name :

*Husband Name :

*House No. :

*Street :

*Village/Town :

*District :

*Pin code :

*Mobile No. : 1) 2)

*E-mail ID :

DECLARATION

I, Smt/Sri/Kum ……..……..D/S/W/o…… declare that the 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 canceled summarily.

NAME AND SIGNATURE OF THE CANDIDATE

ACKNOWLEDGEMENT FOR RECEIPT OF APPLICATION

Particulars	Details
Application Receipt No.	
Date of Receipt	
Name of Applicant:	
S/o, D/o, W/o, H/o	
Post Applied For:	
Mobile Number:	
Date of Receipt:	

Sl.No.	Documents	Enclosed
1	SSC / equivalent examination certificate with Bonafide Certificate	☐
2	Intermediate/10+2 certificate, where applicable with Bonafide Certificate	☐
3	Qualifying examination pass certificate with Bonafide Certificate	☐
4	Marks memos of all years of the qualifying examination	☐
5	Registration certificate of the concerned Board / Council, where applicable	☐
6	PG qualification certificate, where applicable	☐
7	Latest caste certificate, where applicable	☐
8	Study certificate from 1st Class to 10th Class and/or prescribed residency certificate, as applicable	☐
9	PwD / PH certificate, where applicable	☐
10	Ex-Service certificate, where applicable	☐
11	One recent passport-size photograph	☐
12	DD	☐

Receiving Officer:

Name: _____

Designation:_____

Signature: _____

Date:_____