

GOVERNMENT OF TELANGANA
DISTRICT HEALTH SOCIETY : : MANCHERIAL DISTRICT
NOTIFICATION No: 1810/2017, Date: - 01.11.2017

RECRUITMENT OF **STAFF NURSES** UNDER NATIONAL HEALTH MISSION (NHM)

APPLICATION FORM

Registration No:
(For office use only)

1.	Name of the Applicant		Paste Photograph here and sign across it																				
2.a	Name of the Father																						
2.b	Name of the Mother																						
2.c	Name of the Husband (If married)																						
3	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>																					
4	Date of Birth																						
5	Social Status (Please tick)	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 10%;">OC</td> <td style="width: 10%;">BC - A</td> <td style="width: 10%;">BC - B</td> <td style="width: 10%;">BC - C</td> <td style="width: 10%;">BC - D</td> <td style="width: 10%;">BC - E</td> <td style="width: 10%;">SC</td> <td style="width: 10%;">ST</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						OC	BC - A	BC - B	BC - C	BC - D	BC - E	SC	ST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OC	BC - A	BC - B	BC - C	BC - D	BC - E	SC	ST																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																

Details of School Education:

CLASS	YEAR OF PASSING	MANDAL & DISTRICT IN WHICH STUDIED
IV		
V		
VI		
VII		
VIII		
IX		
X		

District to which candidate belongs as per presidential order:

Marks obtained in the Qualifying examination:

Qualifying Examination	Total Marks	Marks Obtained	80% of Marks Obtained

ADDRESS PARTICULARS:

Name :
 Father/ Husband Name :
 House No. :
 Street &Village / Town :
 Mandal :
 District :
 Pin code :
 Contact Number :

DECLARATION

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

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FOR OFFICE USE ONLY

*Check list of documents submitted by the applicant **duly self-attested***

1	S.S.C or Equivalent examination marks memorandum.
2	Intermediate or 10 + 2 examination marks memorandum.
3	Qualifying Examination Pass Certificate.
4	Marks memos of all the years (qualifying examination)
5	Registration Certificates of respective Councils/ Board.
6	Latest Caste certificate issued by the Tahsildhar / MRO concerned
7	Study certificate for the years from 4th class to 10th class and in case of Private study, residence certificate from the Tahsildhar / MRO concerned
8	Minimum 2 (two) years' Experience certificate as Staff Nurse in Govt. Health Institutions or any registered Private hospitals.
9	1 Photograph duly pasted on the application form.

All the particulars submitted by the individual are verified with respect to the certificates and found correct.

Date of Receipt of application:

Signature

Name of clerk.....