

**GOVERNMENT OF TELANGANA  
TELANGANA VAIDYA VIDHANA PARISHAD  
OFFICE OF THE PROGRAMME OFFICER (HS&I), HYDERABAD**

NOTIFICATION NO. 3517/M1/POHSI/2012-23, 01/2023 Dt:14.06.2023

APPLICATION FOR THE POST MEDICAL OFFICER ON CONTRACT BASIS FOR A PERIOD UPTO ONE YEAR AT NRC NILOUFER, HOSPITAL HYDERABAD Dist.

**APPLICATION FORM**

REGISTRATION NO:  
(TO BE FILLED BY THE OFFICE)

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1.	Name of the candidate		Past photograph here and sign across it							
2.a	Name of the Father									
2.b	Name of the 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	ST	EWS
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)								

DETAILS OF SCHOOL EDUCATION:

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

DISTRICT TO WHICH CANDIDATE BELONGS AS PER PRESIDENTIAL ORDER

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EDUCATIONAL QUALIFICATIONS

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/ UNIVERSITY
MBBS		
DEGREE/DIPLOMA		

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

QUALIFYING EXAMINATION	TOTAL MARKS	MARKS OBTAINED	PERCENTAGE OF MARKS OBTAINED
MBBS 1 <sup>ST</sup> YEAR			
MBBS 2 <sup>ND</sup> YEAR			
FINAL MBBS PART-I			
FINAL MBBS PART-II			
TOTAL MARKS			
MD/DIPLOMA/DNB			

MEDICAL COUNCIL REGISTRATION

COURSE	COUNCIL REGN. NO	DATE	NAME OF THE COUNCIL	VALID UPTO
MBBS				
PG DEGREE/ DNB				
PG DIPLOMA				

PERSONNEL DETAILS:

- Name :
- Father's Name :
- Husband's Name :
- House No. :
- Street :
- Village/Town :
- District :
- Pincode :
- Mobile No. : 1)
- Email-ID : 2)

**DECLARATION**

I, Dr. \_\_\_\_\_ 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 cancelled summarily.

NAME AND SIGNATURE OF THE CANDIDATE

Photocopies of certificates to be submitted along with application:

1. Bonafied from Class – I to VII
2. SSC and Intermediate
3. MBBS Marks Memo (Consolidated/Year Wise), TS Medical Council registration, Provisional/Original Degree.
4. Caste certificate (if any)