GOVERNMENT OF TELANGANA
O/o. the Government Medical College: Medak

NOTIFICATION No. 497/SPL/DME/2024 Dt: 13-08-2026

APPLICATION FOR THE POST OF _____
ON OUTSOURCING BASIS

APPLICATION FORM

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 / EWS / SC A B C / 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)	

DETAILS OF SCHOOL EDUCATION:

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

NATIVE DISTRICT :

EDUCATIONAL QUALIFICATIONS

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/UNIVERSITY

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained
Total Marks			

MEDICAL/NURISNG/PARAMEDICAL COUNCIL/BOARD DETAILS

Council Regn. No.	Date	Name of the Council/Board	Valid upto

Work Experience (if any) :	**Years**

PERSONAL DETAILS

*Name :

*Father Name :
*Husband Name :

*House No. :

*Street :
*Village/Town :

*District :

*Pin code :
*Mobile No. : 1) 2)

*E-mail ID :

DECLARATION

I, ...D/S/W/o..... certify 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