

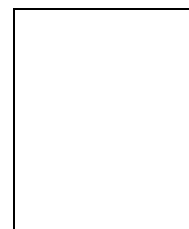
GOVERNMENT OF TELANGANA

DIRECTORATE OF INSTITUTE OF PREVENTIVE MEDICINE,
PUBLIC HEALTH LABS., & FOOD (HEALTH) ADMINISTRATION,
NARAYANAGUDA, HYDERABAD-29.

APPLICATION FORMATE

Candidates should fill up application forms in his/her own handwriting. All answers must be given in words and not by dashes and dots. No column should be left blank.

1. Name of the Post Applied for :



2. Name of the Applicant in Full (Mr/Ms/Mrs)
(in block Capital letters):

3. Address:

a. Present: _____

STD Code _____ Phone No: _____ Mobile: _____
Email ID: _____

b. Permanent:

4. Date of Birth (In Christian era):

5. Nationality:

6. Sex Male () Female ()

7. Marital Status:

8. Father's / Husband's Name:

9. Are you member of SC () ST () OBC ()

(Attached certificate in support of your claim issued by the competent Authority)

Cont....2

10. Educational / Professional Qualifications obtained (Commencing with Matriculation or equivalent examination) (Please attach attested copies of all certificates)

SN	Exam/Degree passed	College / Uuniversity	Subjects taken	Specialization, if any	Year of Passing	Class / Division % age of Marks	Remarks

11. Professional Trainings undergone:

Name of the Training	Name of the Institute	Duration

12.Experience

Name of the Employer / Organisation	Post Held	From	To	Nature of Duties	Scale of pay and last salary drawn.

Declaration: I hereby declare that the information furnished and entries made in this form and the additional particulars. If any, furnished herewith by me are true to the best on my knowledge and belief and nothing has been concealed / distorted. If at any time I am found to have concealed / distorted any material information, my appointment shall be liable for termination without notice or compensation.

Date: _____

Place: _____

(Signature of the Applicant)