

GOVERNMENT OF TELANGANA
O/O. THE JOINT DIRECTOR (MEDICAL), INSURANCE MEDICAL SERVICES, HYDERABAD,

NOTIFICATION No. 2098/JDH/E1/SR/2023; Dated: 06.04.2023

**APPLICATION FOR THE POST OF CIVIL ASSISTANT SURGEON (FULL TIME)
ON CONTRACT BASIS.
IN
SANGAREDDY DISTRICT**

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)	<table><tr><td>OC</td><td>BC A</td><td>BC B</td><td>BC C</td><td>BC D</td><td>BC E</td><td>SC</td><td>ST</td></tr></table>	OC	BC A	BC B	BC C	BC D	BC E	SC	ST
OC	BC A	BC B	BC C	BC D	BC E	SC	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	E.W.S	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
MBBS		

P.T.O.,

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained
MBBS 1 st year			
MBBS 2 nd year			
MBBS 3 rd year			
MBBS 4 th year			
Total Marks			

MEDICAL COUNCIL DETAILS

Name of the Category	Council Regn. No.	Date	Name of the Council	Valid upto
MBBS				

PERSONAL DETAILS

*Name :
*Father Name :
*Husband Name :
*House No. :
*Street :
*Village/Town :
*District :
*Pin code :
*Mobile No. : 1) 2)
*E-mail ID :

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 and liable for action.

NAME AND SIGNATURE OF THE CANDIDATE