

**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 PHARMACIST (FULL TIME)  
ON CONTRACT BASIS.  
IN  
SANGAREDDY DISTRICT**

REGISTRATION NO:  
(TO BE FILLED BY THE OFFICE)

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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 border="1" style="width: 100%;"><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></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**

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**EDUCATIONAL QUALIFICATIONS**

QUALIFICATION	YEAR OF PASSING	NAME OF THE BOARD/UNIVERSITY
Dip. Pharmacy		

**P.T.O.**

**MARKS OBTAINED IN THE QUALIFYING EXAMINATION**

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained
1 <sup>st</sup> year			
2 <sup>nd</sup> year			
3 <sup>rd</sup> year			
4 <sup>th</sup> year			
<b>Total Marks</b>			

**PARA MEDICAL BOARD / COUNCIL DETAILS**

Name of the Category	Council Regn. No.	Date	Name of the Council	Valid upto
Dip. Pharmacy				

**PERSONAL DETAILS**

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

**DECLARATION**

I, Sri/Smt/Kum. ....  
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**