

GOVERNMENT OF TELANGANA

OFFICE OF THE PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, KAMAREDDY

APPLICATION FORM

REGISTRATION NO:
(TO BE FILLED BY THE OFFICE)

POST FOR WHICH APPLICATION MADE:

DISTRICT FOR WHICH APPLIED:

1	Name of the Candidate		PHOTO																	
2.a	Name of the Father																			
2.b	Name of the Mother																			
2.c	Name of Husband / Wife (if married)																			
3	Sex																			
4	Date of Birth																			
5	Social Status (Please tick)	<table border="1"><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><td>EWS</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	OC	BC A	BC B	BC C	BC D	BC E	SC	ST	EWS									
OC	BC A	BC B	BC C	BC D	BC E	SC	ST	EWS												
6	Whether Physically Handicapped (Please tick)	YES / NO																		
7	If yes please mention category (Please tick)	HH / OH / VH																		
8	Whether Ex – Service (Man / Women)	YES / NO																		

DETAILS OF SCHOOL EDUCATION:

CLASS	Name of Scholl and station or village	PRASENT IN WHICH DISTRICT
Ist		
II nd		
III rd		
IV th		
V		
VI		
VII		

DISTRICT TO WHICH CANDIDATE BELONGS AS PER PRESIDENTIAL ORDER:

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EDUCATIONAL QUALIFICATION:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE / UNIVERSITY

MARKS OBTAINED IN THE QUALIFYING EXAMINATION:

Name QUALIFYING EXAMINATION	Maximum Marks in the qualifying examination	Total Marks Obtained in the qualifying Exam	Parentage

ADDRESS PARTICULARS FOR COMMUNICATION:

NAME	:	
HOUSE NO.	:	
VILLAGE / TOWN	:	
CONTACT NO.	:	
E-MAIL ID	:	

Demon Draft in favour of “ **PRINCIPAL, GOVERNMENT MEDICAL COLLEGE,
KAMAREDDY PAYBLE AT KAMAREDDY**” :

DD Number	Date	DD Bank Name & Branch

CHECK-SLIP TO THE APPLICATION FORM

Self-attested copies of the following certificates should be enclosed along with the application form.

1	Demand Draft (DD)
2	S.S.C or Equivalent examination
3	Intermediate or 10+2 examination
4	Qualifying examination Pass certificate/Degree / Diploma / First Aid Training certificate
5	Marks memo of all the years (qualifying examination)
6	Registration certificate from the Telangana Para Medical Board (wherever applicable)
7	Experience Certificate in the relevant field
8	Caste certificate issued by the Tahsildar / MRO concerned.
9	Study certificates for the years from 1 st class to 10 th class and in case of private study residence certificate from the Tahsildar/ MRO concerned
10	PH certificate in respect of candidates claiming reservation under PH Quota
11	Relevant certificate in respect of candidates claiming ex-serviceman quota
12	1 Photograph duly pasted on the application form

**SIGNATURE
OF THE CANDIDATE**

DECLARATION

I, Smt. / Kum. / Sri. _____, D/o, S/o.

_____ certify that 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.

Date: _____

**NAME AND SIGNATURE
OF THE CANDIDATE**

ACKNOWLEDGEMENT

RECEIVED APPLICATION FROM _____ FOR THE
POST OF _____

DATE:- _____

SIGNATURE
O/o Principal, GMC,KMR