GOVERNMENT OF TELANGANA

OFFICE OF THE DISTRICT MEDICAL & HEALTH OFFICER, NARAYANPETDISTRICT

NOTIFICATION No..04/E1/DM&HO/2022; Dated:02.12.2022

APPLICATION FOR THE POST OF **Physiotherapist**

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	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)							

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
BPT		

MARKS OBTAINED IN THE QUALIFYING EXAMINATION

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

PERSONAL DETAILS

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

Details of Qualifying Examination

Course	Year of Education	Year of Passing	Name of the Collage & District	Name of the University

Details of Registrations of Qualification Exam

Registration No	Registration Date	Name of the Council Where Registered

Details of Marks in Qualifying Exam

Consolidated Total Marks of the Exam	Mark obtained by the Candidate	Percentage (%) obtained Grade Obtained

Details of Application Fee paid (Rs._____ per Candidate)
(Payable in the form of Demand Draft Drawn in favor of DM&HO.Narayanpet .Payable ; Narayanpet)

Demand Draft No.	DD Date	Name of the Bank & Branch

DECLARATION

I hereby declare that all the details provided by me in the above application, are true and correct to the best of my knowledge. Any Misrepresentation suppression of facts by me, if noticed at a later date, will forfeit my right to appointment and I shall be responsible for the same.

Dated : Signature of the Candidate

---------- CUT-------- HEAR----------

ACKNOWLEDGEMENT TO CANDIDATE

Application for the post of Physiotherapist is received from
Name of the Candidate: Father/Husband
Name:
Date of Acknowledgement:
Signature Seal