

**DISTRICT MEDICAL AND HEALTH OFFICE
MEDCHAL MALKAJGIRI DISTRICT, TELANGANA -2026
(Post Of Medical Officer)**

1. **Name of the Applicant** :
(In Block letters)

2. **Father's Name** :

3. **Date of Birth** :

4. **Gender: Male**

Female:

5. **Social Status:**

6. (Pl tick the appropriate category): OC BC SC
ST

Special Quota:

i) **Ex-Service men:**

ii) **Physically disabled:**

7. **Educational Qualification:**

8. **Technical Qualification:**

9. **Total Marks Secured in the Qualified Exam:**

10. **Address for Communication:**

Email.ID:

Mobile No:

Place:

Date:

Paste the Latest
passport photo with
self attestation

Signature of Candidate

