APPLICATION FORM FOR ENGAGEMENT OF SPECIALIST DOCTOR (OBSTETRICS & GYNECOLOGY) ON A TEMPORARY BASIS FOR A PERIOD OF TWO (02) MONTHS AT AREA HOSPITAL, MADHIRA.

Affix a recent passport-size photograph and self-attest by signing across it

1. Personal Details

Field	Details
Name of Applicant	
Father's / Husband's Name	
Date of Birth (DD-MM-YYYY) (as on 01.07.2026)	
Gender (Male / Female)	
Social Status (OC/BC –A/B/C/D / E /SC-Gr.I/II/III/ST/)	
Special Quota (Ex-Servicemen /Physically Disabled (VH, HH, OH))	
Permanent Address	
Mobile Number	
Email Address	
Contact Number	

Medical Council Registration Number Telangana Medical Council Registration No.:	

Note on Age Limit & Exemptions: The candidate must be between 18 and 44 years of age as of 01-07-2026. Upper age relaxation is permissible as per Telangana State Government rules:

- SC / ST / BCs / EWS**:** 5 Years relaxation (Up to 49 years)
- Physically Handicapped (PH)**:** 10 Years relaxation (Up to 54 years)
- Ex-Servicemen: 3 Years relaxation in addition to the length of service rendered.
- N.C.C.(who have worked as Instructor in N.C.C.)**:** 3 Years & length of service Rendered in the N.C.C.

2. Educational and Technical Qualifications

Qualification	University/Institution	Year of Passing	Maximum Marks	Marks Obtained
M.B.B.S.				
P.G. Diploma / PG Degree (Specify Specialty)				
Additional qualification in the Gynecology (If any)				

3. Local Status:
(Based on study from 1st to 7th Class as per Presidential Order)

Class	School Name	District Studied
1st Class		

2nd Class		
3rd Class		
4th Class		
5th Class		
6th Class		
7th Class		

4. Professional Experience

Post Held	Name of Hospital / Institution	Period (From - To)	Remarks

5. Local Jurisdiction & Eligibility Criteria (Multi-Zone I)

As per the Telangana Public Employment Presidential Order, 1st priority will be given to local candidates belonging to Multi-Zone I. Candidates belonging to other states or outside the jurisdiction are not eligible for local preference.

	Districts
Multi Zone - I	Asifabad-Kumrambheem, Mancherial, Peddapalli, Jayashankar-Bhupalapalli, Mulugu
	Adilabad, Nirmal, Nizamabad, Jagityal
	Karimnagar, Sircilla-Rajanna, Siddipet, Medak, Kamareddy
	Kothagudem-Bhadradri, Khammam, Mahabubabad, Hanumakonda (Warangal Urban), Warangal (Warangal Rural)
Multi Zone - II	Suryapet, Nalgonda, Bhongir-Yadadri, Jangaon
	Medchal-Malkajgiri, Hyderabad, RangaReddy, SangaReddy, Vikarabad

	Mahaboobnagar, Narayanpet, Jogulamba-Gadwal, Wanaparthi, Nagarkurnool

DECLARATION

I, _____, S/o, D/o, W/o. _____, R/o. _____ hereby declare that all the statements and information provided in this application form are true, complete, and correct to the best of my knowledge and belief.

I explicitly understand and agree that my appointment as Specialist Doctor (Obstetrics & Gynecology) at Area Hospital, Madhira, is purely on a temporary basis for a fixed duration of two (02) months only, starting from the date of joining duty. I hereby acknowledge that this engagement does not fall under regular, contractual, or outsourcing service rules. I further agree that my services shall stand automatically terminated upon the expiry of the two (02) month period, without any requirement of formal notice, prior communication, or financial compensation.

I further solemnly declare that I am not involved in any criminal cases, and there are no pending criminal proceedings, investigations, or FIRs registered against me in any police station or court of law.

In the event of any information being found false, misleading, incorrect, or if any facts are suppressed at any stage, my candidature/selection is liable to be cancelled immediately without any notice, and I shall be liable for legal action.

Date:
Place:

Signature of Applicant.