

DISTRICT MEDICAL AND HEALTH OFFICE: NALGONDA
**APPLICATION FOR THE POST OF DATA ENTRY OPERATOR
ON OUT-SOURCING BASIS**

REGISTRATION NO.

1. Name of the applicant :
(IN BLOCK LETTERS)

2. Father's Name :

3. Date of Birth :

4. Gender : Male Female

5. Social Status :
(Please tick the appropriate box):

OC BC

A	B	C	D	E
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 SC ST

6. Special Quota

i. Ex-Service men ii. Physically Disabled:

VH	HH	OH
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7. Educational qualification :

8. Technical qualification :

9. Experience :

10. Local District/Status (based on the 4th to 10th class study)
(as per Presidential Order):

11. Address for Communication:
with Phone No.

Photo with Self Attestation

Place:

SIGNATURE OF THE APPLICANT

Date: