

DISTRICT LEPROSY AIDS AND TB OFFICE: PALNADU

(Notification No: 01/2026 Dated: 13.11.2026)

**Recruitment to the various posts on contract basis in Govt.
Health facilities**

**Affix Pass port
size latest color
photograph**

Application for the Post of: _____

Application No (to be filled by the office)

1	Name of the Candidate	
2	Gender	
3	Fathers Name	
4	Date of Birth (DD-MM-YYYY)	
5	Social Status (OC/OC-EWS/SC/ST/BC-A,B,C,D,E)	
6	Whether claiming for service weight age for Contract service (enclose contract certificate)	Yes / No
7	Whether Physically Handicapped (VH/HH/OH/Autism) (SADAREM Certificate to be enclosed)	
8	Whether claiming EWS reservation (copy of the certificate enclosed)	Yes / No
9	Whether Ex- Servicemen (enclose Service Certificate)	Yes / No
10	Whether Sports if any (enclose Certificates)	Yes / No
11	Mobile Number of the applicant	1. _____ 2. _____
12	Fee particulars	DD NO: Date: Amount:
13	<u>Address for communication:</u>	
14	E-Mail Address	

Marks obtained in the requisite Academic / Professional / Technical Qualification

Qualification	Maximum Marks	Marks obtained	Year of passing (Month & Year)	Whether registered in respective council (Yes/No)

Details of Contract/Outsourcing/Honorarium service as on 30.11.2024:

Sl. No	Name of the Institute	Contract / Outsourcing	Urban/ Rural/ Tribal(or) / Covid-19	Period of service		Total Period	Service certificate issued by the competent authority enclosed (yes/No)
				From	to		

Details of school studies from 4th Class to 10 th Class (for Local Status)

Sl. No	Class	Year of passing	Name of the School	District
1	IV			
2	V			
3	VI			
4	VII			
5	VIII			
6	IX			
7	X			

DECLARATION

I, Smt /Kum/Sri.....D/o or S/o or w/o

do Hereby declare that, above particulars furnished by me are true to the best of my knowledge. I agree that in the event of any of the details furnished above being found to be incorrect or false at later date, my candidature will be forfeited summarily.

Signature of the applicant