

TIRUMALA TIRUPATI DEVASTHANAMS: TIRUPATI



APPLICATION FOR THE POST OF CIVIL ASSISTANT SURGEON ON CONTRACT BASIS FOR A PERIOD OF ONE YEAR IN TTD HOSPITALS, TIRUMALA/ TIRUPATI

Application No.
(office use only)

Latest Passport size
Photo with self attestation

1	Name of the Applicant (in Capital Letters)	Sur Name	Name								
2	Father's Name / Husband Name										
3	Sex	Male			Female		Trans Gender				
4	Date of Birth (DD-MM-YYYY)	D	D	M	M	Y	Y	Y	Y		
5	Age as on 01-07-2024	D	D	M	M	Y	Y	Y	Y		
6	Nationality / Religion										
7	Social Status	ST/SC/BC/OC			If BC Category Specify Group :		A	B	C	D	E
8	Whether claiming relaxation of Age if any(Specify the category)										
9	Details of School Education (Certificates must be enclosed)										
Sl. No.	Class	Name of the School & Place		Year of Passing		District					
1	IV										
2	V										
3	VI										
4	VII										
5	VIII										
6	IX										
7	X										

12.Details of Educational Qualification:(Attested copies to been closed)

Educational Qualification	Month and Year of Passing	Max. Marks	Marks obtained	Percentage of Marks	Number of completed years after completion of MBBS

MBBS					
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13.Registration Details:

A.P. Medical Council Regd. No & Date for concerned Specialty	Register Number	Valid upto

14 Address for communication along with PIN Code : (in capital letters)

Name of the Candidate :

Fathers / Husband Name :

House No :

Street :

Village / Town / City/ Mandal :

District PIN Code :

State :

Mobile No. :

E-mail ID if any :

Signature of the Candidate
(Full name in capital letters)

DECLARATION BY THE APPLICANT

I,Dr._____S/o,D/o,W/o_____, certify that the particulars given above are correct and true to the best of my knowledge and belief. I also agree that in the event of any of the particulars furnished in my application being found to be incorrect or false at a later date,

my appointment will be cancelled summarily and I will be liable for punishments if any as per Rules and Law.

I,Dr. _____ S/o,D/o,W/o, _____ will abide by the rules under which I may be appointed and contract service in any part of TTD Medical Institutions if selected. I will join in the place where I am posted as per the requirement of the department within the stipulated time specified by the authorities failing which I forfeit my rights to be appointed in this recruitment.

Station :

Date :

SIGNATURE OF THE APPLICANT