

TIRUMALA TIRUPATI DEVASTHANAMS: TIRUPATI



**APPLICATION FOR THE POST OF CIVIL ASSISTANT SURGEONS ON CONTRACT BASIS
FOR THE PERIOD OF ONE YEAR IN TTD MEDICAL DEPARTMENT**

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 BCCategory Specify Group :		A	B	C	D	E
8	Whether claiming relaxation of Age if any(Specify the category)											
9	Details of SchoolEducation (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 be enclosed)

Educational Qualification	Month and year of passing	Max. Marks	Marks obtained	Percentage of marks	Number of completed years after completion of MBBS

Academic					
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13. Registration details:

A.P. Medical	Register Number	Valid upto
Council Regd. No & date for concerned specialty		

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
(fullname 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 on 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