



**TIRUMALA TIRUPATI DEVASTHANAMS, TIRUPATI,**  
**Application for the post of Medical Officers (Ayurveda)**  
**S.V. Ayurvedic, Hospital TTD**

Please affix  
the photo  
(3.5 cm X  
4.5 cm)

Name of the Applicant :   
(Name in capital letters)

Surname :

Father's Name :

Date of Birth :  Age:  Years  Months

Gender :  Male / Female

Nationality & Religion :

Caste :

Qualifications :

Sl. No.	Qualifications (Academic & Technical)	University / Board	Year of Passing	Subject / discipline in degree /PG	% of Marks

Experience :

Sl. No.	Name of the organization (or) firm	Designation	Period of work	
			From	To

Postal Address:

Address for Communication:

Permanent Address:

Door No.

Area / Village

Town

District

State

Pincode

Mobile Number

:

E-mail ID (if any)

:

Whether Telugu subject opted in :  
(SSC / Intermediate / Degree)

**DECLARATION**

I certify that the foregoing information is correct and complete to the best my knowledge and belief.

Place :

Date :

**SIGNATURE OF THE APPLICANT**