



TIRUMALA TIRUPATI DEVASTHANAMS: TIRUPATI
APPLICATION FOR THE POST OF MEDICAL OFFICER UNDER BIRRD TRUST TO
WORK AT BIRRD TURST HOSPITAL, TIRUPATI

Application No.
(office use only)

Latest Passport
size Photo Attested
by Gazetted Officer

1	Name of the Applicant (in Capital Letters)	Surname	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 01-07-2023	D	D	M	M	Y	Y	Y	Y
6	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	Whether belongs to Physically handicapped (Certificate issued by Medical Board only are accepted. Other certificates rejected summarily)								
10	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								

11. Details of Educational Qualification: (Attested copies to be enclosed)

Educational qualifications	Month and Year of Passing	Max. Marks	Marks obtained	Percentage of Marks	Number of completed years after completion of MBBS on the date of Notification i.e. _____

12. Registration Details:

A.P. Medical Council Regd. No & Date for concerned specialty	Register Number	Valid up to

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

Name of the Candidate :

Father / 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 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 in any part of BIRRD TRUST HOSPITAL / 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 for appointed.

Station :

Date :

SIGNATURE OF THE APPLICANT

Signed by R Reddeppa
Reddy
Date: 30-11-2023 13:32:38
Reason: Approved