

GOVERNEMENT OF TELANGANA

OFFICE OF THE DISTRICT WELFARE OFFICE WOMEN CHILDREN DISABLED AND SENIOR CITIZENS, HYDERABAD, COLLECTORATE COMPLEX OLD BUILDING 1st FLOOR, CHIRAGALI LANE NAMPALLY STATION ROAD, HYDERABAD-500001, Land.No.040-23202355.


::Paper Notification::

The District Welfare Officer, Women Children Disabled and Senior Citizens, Hyderabad is invited the applications from eligible dynamic persons (Women only) for the Post of Physiotherapist on purely temporary basic for monthly honorarium basis, the eligibility criteria as here under;

S.No	Name of the Post	No.of Vacancies	Honorarium per month	Age between	Education Qualification	Experience in special need children	Selection Process
1.	Physiotherapist	01	25,000/- P.M	25 to 44 Years	Bachelor of Physiotherapy	3 Years	Interview for short listed Candidates

The eligible candidates are download the application form and further details visit website <http://wcdw.tg.nic.in> the filled application form along with the relevant copies of Date of Birth proof, Education Certificates, Experience certificate/s, the postal cover superscript as application for the post Physiotherapist and the same addressed to 'The District Welfare Officer, Women Children Disabled and Senior Citizens, Collectorate Complex Old Building 1st Floor Chirag Ali Lane Nampally Station Road, Hyderabad-500 001. Application received last Date:13.09.2019 not accepting any other mode and postal delay shall not be considered.

The District Welfare Officer, Women Children Disabled and Senior Citizens, Hyderabad has right to cancelation of recruitment at any stage without intimation of reasons.


District Welfare Officer,
Women Children Disabled and Senior Citizens
Hyderabad.


23.5.19

GOVERNMENT OF TELANGANA

OFFICE OF THE DISTRICT WELFARE OFFICER, WOMEN CHILDREN
DISABLED AND SENIOR CITIZENS, COLLECTORATE COMPLEX OLD
BUILDING 1st FLOOR, CHIRAG ALI LANE NAMPALLY STATION ROAD,
HYDERABAD-500 001.

APPLICATION FORM

Application No:
For office use only

Application for the post: Physiotherapist

Photo

[1].PERSONAL INFORMATION:

- a) Name :
- b) Father/Mother/Husband Name :
- c) Date of Birth (DD-MM-YYYY) & AGE :
(As per the SSC Certificate)
- d) Cast : SC/ST/BC/GENERAL
- e) Gender : Female only
- f) Communication Address :
- g) Contact Number :
- h) Email.ID :
- i) Permanent Address :

[2].EDUCATION QUALIFICATION: (Please give details of your education details from 10th Class/SSC onwards)

Sl. No.	Name of the Examination	Name of the School/ College/ University	Year of Passing	Class	Percentage

[3].Technical Qualification:

Sl.No	Name of the Course	Name of the Institute	Year of Passing	Percentage

[4]Employment /Experience/s:(Starting from current employment)

Sl. No	Position held / Designation	Name of the Organization/Dept./ Agency worked with	Central/State /Corporation/ Private Department	Working on Contract/Out sourcing/ Private	Duration	Area of Working/ Job roles

[6].Reference of two persons at present work place:

Sl.No	Name	Designation	Contact Number	How to know

[6] Any other information :

[7] Any relative are working in this Department, if YES details:

[8].Deceleration:

I declare that to the best of my knowledge the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with any stage. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

Date:
Place:

Signature of the applicant

List of the enclosures:

Sl.No	Certificates