GOVERNMENT OF TELANGANA
DEPARTMENT FOR EMPOWERMENT OF PERSONS WITH DISABILITIES, SENIOR CITIZENS & TRANSGENDER PERSONS
HYDERABAD DISTRICT

APPLICATION FOR BACKLOG VACANCIES FOR PERSONS WITH DISABILITIES

(2025–26)

PHOTO

To: The District Collector, Hyderabad District.

Notification No.: _____ Date: _____

Application No: _____ Date: _____ (for office use)

Name of the Post Applied for: _____

Post Code: _____

1. PERSONAL DETAILS OF THE APPLICANT

1. Full Name of the candidate (in BLOCK LETTERS) _____
2. Father's / Mother's / Guardian's Name: _____
3. Date of Birth: ____ / ____ / _____ Place of Birth: _____
4. Age (as on the date specified in the notification): ____ Years ____ Months ____ Days
5. Gender (M/F/TG) _____ Mother Tongue: _____
6. Social Category (OC / BC / SC / ST): _____ Caste / Sub-caste: _____
7. Permanent Address: _____
_____ PIN Code: _____
8. Correspondence Address: _____
_____ PIN Code: _____
9. Mobile Number: _____ E-mail ID: _____
10. Whether belongs to Local / Non-Local _____

2. DISABILITY CERTIFICATION DETAILS

11. Type of Disability (as per certificate): VI / HI / LD / ID
Percentage of Disability: _____ % Disability Certificate No. / SADAREM ID / UDID No.:
_____ Name of the issuing District Medical Board _____
Date of issue: _____

12. Educational Qualification:

a) General Academic Qualification: _____

b) Technical Education: _____

13. DETAILS OF THE RELEVANT / QUALIFYING ACADEMIC EXAMINATION TO THE POST

Sl. No.	Qualifying Examination	Full Address of the Educational institute	Registration / Hall Ticket Number	Studied from TO	Marks secured	Total marks	Percentage %

14. FULL DETAILS OF THE CANDIDATE STUDIED FROM 1ST CLASS TO 10TH CLASS

Sl. No.	Class	Full Address of the Educational Institute /School / College / City, Mandal, Dist	Studied year		Marks secured	Total marks	Percentage %
			From	To			
1	1st						
2	2nd						
3	3rd						
4	4th						
5	5th						
6	6th						
7	7th						
8	8th						
9	9th						
10	10th						

15. Whether the Candidate having Multiple Disability, (Yes or No), if yes mention the type of Disability: _____

(Enclose the relevant xerox copy of Disability Sadarem Certificate/UDID.)

16. If the Candidate is studied in Special Education School, if yes ( ) / No ( ) [**Tick Mark**] mention the full details of the School and submit their nativity of the parents issued by the tahsildar concerned as per rules in force. _____

17. THE FOLLOWING XEROX COPIES OF THE CERTIFICATES ARE MANDATORY (with attested by the Gazetted Officer)

Sl. No.	Description	Remarks
1	Whether the study certificates (bonafide) from 1st class to 7th class .	Yes ( ) /No ( )
2	Whether the Disability certificate of SADAREM/ UDID issued by the District Medical Board concerned.	Yes ( ) /No ( )
3	Whether the candidate date of birth proof is Xerox is enclosed.	Yes ( ) /No ( )
4	Whether the certificate of relevant qualifying basic Academic Qualification.	Yes ( ) /No ( )
5	Whether the candidates enclosed Residential Certificate issued Tahsildar concerned for those candidates who have not studied any Educational Institutions to claim the local status.	Yes ( ) /No ( )
6	Whether the candidate submitted Xerox copy of Multiple Disab	Yes ( ) /No ( )

	Sadarem/ UDID Certificate.	
7	Whether the candidate submitted parent nativity certificates w have studied in Special Schools	Yes ( ) / No ( )
8	Whether the candidate submitted relevant Technical Certificate.	Yes ( ) / No ( )
9	Number of post candidate applying including Group - IV and Class - IV.	

Note: (YES ( )NO ( ))[Tick Mark]

INSTRUCTIONS TO APPLICANTS

1. Candidate must submit the AppellateMedical Board Certificates as SADAREM/ UDID card, Xerox copy of the relevant Academic Education qualification and Technical education qualification (if necessary) ,Bonofide/ StudyCertificate from 1st to 7th class, and proof of the date of birth should be enclosed mandatory.

2. The Candidate should submit his / her native residential certificate issued by the Mandal Tahsildar concerned for those who are not studied in any educational instructions.

3. The candidate should apply separately for each post by enclosing all the documents duly attested by GazettedOfficermandatory.

4. Candidate should submit nativity certificate of the parents for those who are studied in special schools (VH/HH).

5. The candidates who are having 40% of degree of percentage of bench mark disability are eligible to apply these posts except hearing impaired candidates who should have 75% of degree of bench mark Disability as per rules in force

6. All the post reserved for local candidates

7. The candidates who are serving in any Government Department should apply through proper channel (from employer)

8. **All the candidates should handover the applications personally (or) through the Authorized Person but not either Registered post or any mode of communication within the stipulated time.**

9. **Last date for submission of application is ____ / ____ / _____ Time: _____ P.M.**

10. The candidate having temporary Disability Certificate are not eligible as per rules.

11. Both Male and Female can apply if the post is reserved in that particular Disabled Category

DECLARATION BY THE APPLICANT

I hereby declare that the particulars furnished in this application and the certificates enclosed herewith are true and correct to the best of my knowledge and belief. I have read and understood the eligibility criteria and conditions prescribed in the relevant recruitment notification. I undertake to produce the original certificates at the time of verification. If any information furnished by me is found to be false or any forged documents are submitted, I shall be responsible for the action taken against me as per the applicable rules.

Place: _____ (Signature of the candidate _____)

Date: ____ / ____ / _____ Thumb Impression of the candidate: _____

Name of the candidate: _____

GOVERNMENT OF TELANGANA
Office of the Assistant Director
Department for Empowerment of Persons with Disabilities, Senior Citizens and Transgender Persons, Hyderabad District

Application No: _____ Date: _____

"CHECK LIST"

Your application has been received along with the following documents for the posts of Group- IV / Class - IV under the Backlog Recruitment Drive for persons with Disabilities in Hyderabad Districts (2025-2026).

Sl. No.	Description	Remarks
1	Whether the study certificates (Bonafide) from 1st class to 7th Class.	Yes ( ) / No ( )
2	Whether the Disability Certificate of SADAREM/ UDID issued by the District Medical Board concerned.	Yes ( ) / No ( )
3	Whether the candidate Date of Birth proof Xerox copy is enclosed.	Yes ( ) / No ( )
4	Whether the certificate of relevant qualifying basic academ qualification	Yes ( ) / No ( )
5	Whether the candidates enclosed Residential Certificate issued by Mandal Tahsildar concerned for those candidates who are not studied any Educational Institutions to claim th local status.	Yes ( ) / No ( )
6	Whether the candidate submitted Xerox copy of Multiple Disability SADAREM/ UDID Certificate.	Yes ( ) / No ( )
7	Whether the candidate submitted Parent Nativity Certificate who studied in Special Schools.	Yes ( ) / No ( )
8	Whether the candidate submitted relevant Technical Certificate.	Yes ( ) / No ( )
9	Number of posts candidate applied including Group IV - and Class – IV.	

Note: (YES ( ) NO ( )) [Tick Mark]

"RECEIPT"

Received the application for the post of _____

from Sri/Smt/Kumari _____

S/o/ D/o. _____ on _____

District Hyderabad

Signature of the Receiver,
O/o of the ADDW HYD.