DIRECTORATE OF SAINIK WELFARE
GOVERNMENT OF TELANGANA

JOB NOTIFICATION FOR EX-SERVICEMEN

Applications are invited from **Ex-Servicemen / Ex-Paramilitary Force Personnel (preferably of Telangana State)** for engagement as **Special Police Officers (SPOs) – Drivers** on a **contract/outsourcing basis** at the **Telangana Integrated Command and Control Centre (TGiCCC), Banjara Hills, Hyderabad.**

Vacancy

- **Post:** Special Police Officer (SPO) – Driver
- **Vacancies:** 23

Eligibility

- Ex-Servicemen / Ex-Paramilitary Force personnel.
- Preferably from Telangana State.
- Should possess valid Telangana residential proof (Aadhaar/Voter ID/Driving Licence).
- Should be below **58 years of age** as on **31 Jul 2026** and retired within the last **two years**.
- Must possess a valid **LMV/HMV Driving Licence**.

Honorarium

₹26,000/- per month

Documents Required

- Discharge Book/Discharge Certificate/Retirement Order
- Aadhaar Card
- PAN Card
- Valid LMV/HMV Driving Licence
- Technical Trade Proficiency Certificate (if applicable)
- ID Card
- Medical Fitness Certificate
- Three Passport Size Photographs

Application Schedule

Submission Period: 12 Jul 2026 to 19 Jul 2026
Time: 11:00 AM to 5:00 PM

Submission Venue

Reception Centre, Telangana Integrated Command and Control Centre (TGiCCC),
Road No. 12, Banjara Hills, Hyderabad.

Selection Dates: 23 & 24 Jul 2026.

For Clarification:
Sri A. Gopal Reddy, RI – **Mob: 8712674111**

Note: Application form is enclosed and may also be collected from the **Directorate of Sainik Welfare, Somajiguda, Hyderabad**.

LAST DATE FOR SUBMISSION OF APPLICATION: 19 JULY 2026 (05:00 PM)

All the Best

Placement Officer

APPLICATION FORM

For Engagement as Special Police Officer (Driver) at Telangana Integrated Command and Control Centre (TGiCCC)

1. **Personal Details**

   Name of the Applicant (in Capital Letters):

   Father's Name:

   Date of Birth: ___/ ___/ _____Age (as on 28-02-2026): ____Years

   Aadhaar Number: _____PAN Number: _____

   Mobile Number: _____Email ID: _____

2. Residential Details Full Residential Address:

   _____

   _____

   District: _____State: _____PIN Code: _____

3. Service Details (Ex-Servicemen)

   Service (Army/Navy/Air Force): _____

   Rank at Retirement: _____Service Number: _____

   Unit/Regiment: _____

   Date of Enrollment: ___/ ___/ _____

   Date of Discharge/Retirement: _____/ _____/ _____

   Total Service Rendered: _____Years Character at Discharge:

4. Driving Details

   Driving Licence Number: _____

   Type of Licence: LMV / HMV

   Date of Issue: _/ _____/ _____Valid Upto: ___/ _____/ _____

   Issuing Authority (RTA): _____

5. Documents Enclosed (Tick ✓)

[ ] Discharge Book / Discharge Certificate / Retirement Order

[ ] Aadhaar Card [ ] PAN Card

[ ] Valid Driving Licence (LMV/HMV)

[ ] Technical Trade Proficiency Certificate (if applicable) [ ] ID Card

[ ] Medical Fitness Certificate

[ ] Three Passport Size Photographs

6. Declaration

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I understand that my engagement is purely temporary and subject to the rules and conditions prescribed by TGiCCC. If any information is found false, my candidature/engagement is liable to be cancelled.

Place: (Signature of Applicant)

MEDICAL FITNESS CERTIFICATE

This is to certify that I have examined **Shri** _____
S/o _____ Age: _____ Years Sex: _____

Resident of: _____

He has been medically examined by me on ____ / ____ / 2026.

On examination, I find that:

- He is in **sound physical and mental health**.
- His vision is adequate and suitable for driving duties.
- He is **not suffering from any contagious disease**.
- He is **not suffering from any chronic illness or disability** which may interfere with the performance of duties as a Driver.
- His blood pressure is within normal limits.
- He is physically fit to perform duties as **Special Police Officer (Driver)**.

Hence, I certify that he is **MEDICALLY FIT** for engagement as Special Police Officer (Driver).

Place: _____ Signature of Medical Officer

Date: ____ / ____ / 2026