

प्रतिज्ञापत्र  
नमुना-अ

मी. श्री./श्रीमती/ कुमारी .....  
श्री.....यांचा/यांची मुलगा/मुलगी/पत्नी  
वय ..... वर्ष, राहणार ,.....

याद्वारे असे जाहिर करतो/करते की,

(१) मी ..... या पदासाठी  
माझा अर्ज दाखल केलेला आहे.

(२) आज रोजी मला ..... (संख्या) इतकी हयात मुले आहेत.  
त्यापैकी दिनांक २३ जुलै, २०२० यानंतर जन्माला आलेल्या मुलांची संख्या  
..आहे. (असल्यास जन्मदिनांक नमूद करावा.)

(३) दिनांक २३ जुलै, २०२० रोजी हयात असलेल्या मुलांची संख्या दोनपेक्षा  
अधिक असेल तर दिनांक २३ जुलै, २०२० व तदनंतर जन्माला आलेल्या  
मुलांमुळे या पदासाठी मी अनर्ह ठरविण्यास पात्र होईल. याची मला जाणीव  
आहे.

ठिकाण :

सही/-

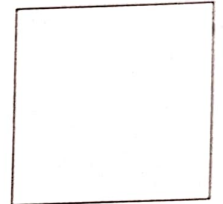
दिनांक :-



**NATIONAL HEALTH MISSION  
DISTRICT HEALTH SOCIETY, PALGHAR**

**APPLICATION FORM**

Post Name:- \_\_\_\_\_



*(All fields in the forms are mandatory to be filled. An incomplete form submitted will be treated as rejected)*

Name:			
Father's/Husband's Name:			
Date of Birth:	Age:	Blood Group:	Gender:
Nationality:			

Address/Contact Details: (Name of the District and pin code is Compulsory)

Address (Present):	Address (Permanent):
District:	District:
State:	State:
Pin Code:	Pin Code:
Contact No:	Contact No:
Email Id for Correspondence:	

Computer Proficiency:
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**Academic/Professional Education Summary: (Start from Most Recent)**

From (MM/YY)	To (MM/YY)	Degree/ Diploma	University/ Institute	Specialization/ Subjects	Final Year Total Marks & Obtained Marks	Final Year Percentage (%)

**Work/Experience Summary: (Starting from Current/Most Recent)**

Sr. No.	From (MM/YY)	To (MM/YY)	Organization	Designation	Responsibilities (Min.30 and Max.50Words)
Total Experience:				Relevant Experience to the post applied:	

**Declaration:**

I hereby declare that all statements made in the application are true, Complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or I do not satisfy the eligibility criteria my candidature will be cancelled, without assigning any reason thereof. I have read the content of the advertisement and agree to abide by the rules, regulation and procedures for appointment to the post applied for.

Place:  
Date:

Signature:  
Name:

**Date: checklist for documents (pdf) to be submitted through e-mail**

- 1) Full filled Application form the prescribed format.
- 2) For age proof – School Leaving Certificate/ 10th or 12th passing Certificate.
- 3) If any post-graduation, post-graduation certificate
- 4) Experience – Experience certificates as per mention in the form
- 5) Computer Proficiency – MS – CIT Course
- 6) Other Relevant Document

**For Office Use Only**