



National Health Mission (15th Finance Commission)



District Integrated Health & Family Welfare Society, Chandrapur

APPLICATION FORM

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

Name of Post Applied for :				
Full Name of Candidate :				
Father's / Husband's Name :				
Date of Birth (DD/MM/YYYY) :			Gender :	
Marital Status :	Nationality :	Religion :	Category :	Applying Category :

Address/ Contact Details : (Name of the District and Pin code is compulsory)

Address (present):	Address (permanent) : (write same if same as present Address)
State :	State :
Pin :	Pin :
Contact No :	Contact No :
E-mail Id for Correspondence :	Alternate E-mail Id for correspondence (If any):

Bank Demand Draft Details :	Bank Name	D.D.Number	D.D. Date	Amount

Computer proficiency:

Academic/Professional Education Summary : (Starting from most recent)

From (MM/YY)	TO (MM/YY)	Degree/Diploma	University/ Institute	Specialization/ Subjects	Final year		
					Total Marks	Marks obtained	% of Marks

Work / Experience Summary : (Starting from Current / most recent)

Sr. No.	From (MM/YY)	TO (MM/YY)	Organization	Designation	Responsibilities (Min. 30 and Max. 50 Words)
Total Work Experience (In Years & Months) : (only Government official Experiences)					

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, regulations and procedures for appointment to the post applied for.

Place :

Signature :

Date :

Name of Candidate :

Disclaimer :

The applicants are required to submit the duly filled application on or before the due date and time, failing which the application of the said applicant shall be treated as non-responsive. NHM shall not be responsible for late receipt or non-receipt of application/s for any technical reason or whatsoever. The applications received after due date and time shall not be considered.

Checklist (परिक्षण यादी)

उमेदवाराचे नांव -		
पदाचे नांव -		
अ.क्र.	अर्जासोबत सादर करावयाच्या आवश्यक कागदपत्रांच्या स्वःसाक्षांकित केलेल्या छायांकित प्रती	जोडण्यात आलेले कागदपत्र होय/नाही
१	उमेदवाराचा अर्ज	
२	पदाकरिता आवश्यक अर्जानुसार पदवी/पदवीकाचे अंतिम वर्षाचे गुणपत्रिका (Final Year Marksheet)	
३	उच्च शैक्षणिक अर्हता	
४	सेमिस्टर पध्दत असल्यास अंतिम वर्षामधील सर्व मार्कशिट	
५	शाळा सोडल्याचा/ जन्म तारखेचा दाखला.	
६	जात प्रमाणपत्र	
७	नॉन क्रिमिलेअर प्रमाणपत्र	
८	तांत्रिक पदांकरिता तत्सम कौन्सिलचे वैध नोंदणी प्रमाणपत्र	
९	अनुभव प्रमाणपत्र	
१०	डिडि जोडण्यात आलेला आहे	

उमेदवाराची स्वाक्षरी