NATIONAL HEALTH MISSION, HARYANA

	Application for	the post of	
1.	Name of the candidate	:	
2.	Father's/Husband Name	:	Paste Passport Size
3.	Sex	:	Photo Here
4.	Date of Birth	:	
	(DD/MM/YYYY)		
5.	Category to which belong	:	
6.	Telephone / Mobile No	:	
7.	E-mail	:	
8.	Permanent Address	:	<u></u>
		PIN CODE	
9.	Correspondence Address	:	
		PIN CODE	

10. Educational/Professional Qualification:

Examination	Board /	Year of	Maximum	Marks	%age	Division	Subjec
Passed	University	Passing	Marks	Obtained	of		t
					Marks		
10 th							
10+2/Vocational/I							
ntermediate							
Graduation							
Post Graduation							
Any other							
Course/Diploma							
etc.							

Institution/Organization			of Designation	ı [From		То	T	otal Peri
Name of Institution/Organization From To Pay/Salary/Honorarium Period 13. Details of documents: attached 14. Declaration: I hereby declare that: 1. All statements made in this application form are true, complete and correct to the best of my knowledge belief. In the event of any information being found false or incorrect, or ineligibility being defected before or the interview/selection/appointment, my candidature may be cancelled and action can be taken against me by commission. 2. I have read the provisions in advertisement of the omission carefully and I hereby undertake to abide by the fulfill all the conditions of eligibility regarding age limits, educational qualifications etc. prescribed in advertisement and other relevant rules and instructions. 3. I have never been convicted by criminal court.	Ins	stitution/Organization							
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Signatures of the Candidate