

**NATIONAL HEALTH MISSION, HARYANA**

**Application for the post of \_\_\_\_\_**



1. Name of the candidate : \_\_\_\_\_
2. Father's/Husband Name : \_\_\_\_\_
3. Sex : \_\_\_\_\_
4. Date of Birth : \_\_\_\_\_  
(DD/MM/YYYY)
5. Category to which belong : \_\_\_\_\_
6. Telephone / Mobile No : \_\_\_\_\_
7. E-mail : \_\_\_\_\_
8. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PIN CODE \_\_\_\_\_
9. Correspondence Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PIN CODE \_\_\_\_\_

10. Educational/Professional Qualification:

Examination Passed	Board / University	Year of Passing	Maximum Marks	Marks Obtained	%age of Marks	Division	Subject
10 <sup>th</sup>							
10+2/Vocational/Intermediate							
Graduation							
Post Graduation							
Any other Course/Diploma etc.							

11. Internship/Training(if any): Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_ Day(s) \_\_\_\_\_

Name of Institution/Organization	Designation	From	To	Total Period

12. Total Experience: Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_ Day(s) \_\_\_\_\_

Name of Institution/Organization	Designation	From	To	Pay/Salary/Honorarium p.m	Total 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 and belief. In the event of any information being found false or incorrect, or ineligibility being detected before or after the interview/selection/appointment, my candidature may be cancelled and action can be taken against me by the commission.
2. I have read the provisions in advertisement of the omission carefully and I hereby undertake to abide by them. I fulfill all the conditions of eligibility regarding age limits, educational qualifications etc. prescribed in the advertisement and other relevant rules and instructions.
3. I have never been convicted by criminal court.

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Signatures of the Candidate**