

NATIONAL HEALTH MISSION, HARYANA

Application for the post of _____

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1. Name of the candidate : _____
2. Father's Name : _____
3. Husband's Name : _____
4. Sex : _____
5. Date of Birth : _____
6. Category to which belong: _____
7. Mobile No : _____
8. Email ID (If any) : _____
9. Permanent Address : _____

10. Address for Correspondance: _____

11. Educational/Professional Qualification:

| Examination Passed | Board / University | Year of Passing | Maximum Marks | Marks Obtained | %age of Marks | Subjects |
|-------------------------------|---------------------------|------------------------|----------------------|-----------------------|----------------------|-----------------|
| 10 th | | | | | | |
| 10+2/Vocational /Intermediate | | | | | | |
| Graduation | | | | | | |
| Post Graduation | | | | | | |
| Any other Course/Diploma etc. | | | | | | |

12. Internship/Training(if any): Year(s) _____ Month(s) _____ Day(s) _____

| Name of Institution/Organization | Designation | From | To | Total Period |
|----------------------------------|-------------|------|----|--------------|
| | | | | |
| | | | | |
| | | | | |

13. Total Experience: Year(s) _____ Month(s) _____ Day(s) _____

| Name of Institution/Organization | Designation | From | To | Pay/Salary/Honorarium p.m | Total Period |
|----------------------------------|-------------|------|----|---------------------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

14. Details of fees deposited:-

(1). Receipt No: _____ Dated: _____

(2). Branch: _____

(3). Amount: _____

15. Details of Documents Attached: _____

16. 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 defected 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.

Dated: _____

Place: _____

Signature of the Candidate