

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