

**NATIONAL HEALTH MISSION, HARYANA**

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

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Size  
Photograph

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:

<b>Examination Passed</b>	<b>Board / University</b>	<b>Year of Passing</b>	<b>Maximum Marks</b>	<b>Marks Obtained</b>	<b>%age of Marks</b>	<b>Subjects</b>
10 <sup>th</sup>						
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**