Deputy Director Health Services

APPLICATION FORM

Community Health Officer

Photo

Application for ……District

(All fields in the forms are mandatory to be filled. An incomplete form submitted will be treated as rejected.)

Exact Name of Position applied for:				
Name:				
Father's / Husband's Name:				
Date of Birth (DD/MM/YYYY):		**Blood Group:**	**Gender:**	
Marital Status:	**Existing NHM (Yes/No)**	**Nationality:**	**Religion: Category:**	**Applying for which category**

Address / Contact Details: (Name of the District and Pin code is compulsory)

Address (Present): **State:** **Pin:** **Contact No:**	**Address (Permanent): (Write Same if same as Present Address)** **State:** **Pin:** **Contact No:**
E-mail Id for Correspondence:	**Alternate E-mail Id for Correspondence (If any):**

Languages Known: (Write "Y" / "N")	**English**	**Hindi**	**Marathi**	**Others (Please Specify below)**

Computer Proficiency:

emic / Professional Education Summary: (Starting from most recent)

From (MM/YY)	To (MM/YY)	Degree / Diploma	University / Institute	Specialization / Subjects	Final Year Total Marks & Obtained Marks	Final Year Percentage

ork / Experience Summary: (Starting from current / most recent)

Sr. No.	***From (MM/YY)***	***To (MM/YY)***	***Organization***	***Designation***	***Responsibilities (Min. 30 and Max. 50 Words)***
Total Experience (In Years & Months):				***Relevant Experience to the post applied (In Years & Months):***	
				Notice Period/Joining Time (Days):	

Details of Internship / Workshops/Conferences/Trainings Attended (If any):

Declaration:

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or I do not satisfy the eligibility criteria my candidature will be cancelled, without assigning any reason thereof. I have read the content of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for.

Name:

Place :

Date : **Signature**

Disclaimer:

The applicants are required to submit the duly filled application on or before the due date and time, failing which the application of the said applicant shall be treated as non-responsive. NHM shall not be responsible for late receipt or non-receipt of application/s for any technical reason or whatsoever. The applications received after due date and time shall not be considered.