

APPLICATION FORM

Advertisement No.	37/18				Photograph		
Name of the Post							Identity Proof No.
1. Applicant Name:							
2. Father's Name:							
3. Date of Birth:				4. District of Domicile:		5. Sex:	
6. Age as on 01.09.2018							
7. Present Contact Address:						8. Contact Telephone No. :-	
Permanent Contact Address:						Mobile No:-	
9. Email Address:							
10. Languages spoken/written:							
11. Professional Qualification details:							
Sl. No.	Exam Passed	Name of Board / University	Year of passing	Marks (excluding 4th optional)			Duration of Course
				Full Mark	Marks Secured	% of Marks	

12. Employment Record:-
Total years of post qualification experience:-

13. Experience Details (starting from present / last employment):-

Name of the Employer	Post Held	From Date	To Date	Total	
				Year	Month

Declaration: I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that, if at any stage, it is found that any of the above material information is false / incorrect or is suppressed by me, my candidature / appointment under Odisha State Health & Family Welfare Society (OSH&FWS), Odisha is liable to be rejected / terminated. I also declare that I have never been disengaged from service under the OSH&FWS, Odisha on administrative ground such as disobedience / poor performances/ misbehavior/ criminal activity etc.

Date:

Place:

Full Signature of the Applicant

List of enclosure(s):-

Note:

1. **The following documents are to be enclosed along with the application:**
 - a. **Two copies of passport size colour self attested photographs. One copy of self attested photograph will however to affixed at the position in the application form.**
 - b. **Self attested photocopies of documents in support of age, qualification, experience etc.**
 - c. **Self attested photocopy of Identity Proof (Voter ID card / PAN card / Driving License / Adhar card / Passport).**