



## APPLICATION FORM

Exam Year-2019

Adv. No. 01/2019

**MAHARASHTRA MEDICAL & HEALTH SERVICES GROUP-A  
DISTRICT HEALTH OFFICER CADRE**

PHOTO

**Personal Details :-**

Salutation			
Full Name (in English)		Full Name (Devnagiri)	
Date of Birth		Gender	
Mother's Name			
Marital Status			
Age on Date Years:		Months:    Days:	
Email ID:			
Mobile Number		Landline Number	

**Aadhar Details :-**

Are you holding on Aadhar Card: Aadhar Number	
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Aadhar Name (Name exactly as on Aadhar Card)
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**Physical Details :-**

Height (in cms)		Weight (in kgs)	
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**Correspondence Address :-**

House No.		Street	
Building		Locality	
Landmark		State	
District		Taluka	
Village / City		Pin Code	

**Permanent Address :-**

House No.		Street	
Building		Locality	
Landmark		State	
District		Taluka	
Village / City		Pin Code	

**Caste / Category Details :-**

Category		Do you belong to non-creamy layer	
Caste Certificate No.		Issuing District	
Do you have a Caste validity certificate		Certificate Number	

**Other Details :-**

Can you read, write and speak Marathi		Read Speak	Write	
Maharashtra Domiciled		Certificate Number		
District		Date		
Person with disability				
Do you require scribe due to Person disability		Arrangement for scribe		
Due to person with disability, do you require Compensation Time?				
Whether ex-serviceman				
Whether liable to be disqualified for Government services according to provisions of Maharashtra Civil Services (Declaration of small family) Rules 2005				
Extra activities				
Hobbies				
Additional Qualifications				
Are you an Employee of Government of				



**Declaration :-**

**Declaration:** I, \_\_\_\_\_, hereby declare that I have read the advertisement/notification for the post and have read the information about the post carefully. I accept it, I have assured for myself that I will fulfil all the terms and conditions mentioned in the advertisement/notification. All the information, provided in this applications is true and correct to the best of my knowledge. I am aware that I will be liable for appropriate action (including loss of job) if the information provided is found to be incorrect.

Place:

Signature of Applicant

Date:

**स्वयंमप्रमाणपत्र (शपथपत्र)**

मी असे प्रमाणित करतो/करते की, माझी पुर्वगामी दिलेली माहिती ही अचूक आणि माझया संपुर्ण माहितीप्रमाणे व विश्वासाप्रमाणे खरी आहे.

मी पुर्णपणे जाणिपुर्वक सांगतो/सांगते की, हा नमुना भरतांना खोटी माहिती पुरविली किंवा महत्वाची माहिती दडवून ठेवली तर या प्राधिकरणाला माझे नियुक्तीपत्र रद्द करण्याचा पुर्ण अधिकार आहे, आणि त्याचा परिणाम म्हणून मी देखील फौजदारी /नागरी/वैध कारवाईस पात्र आहे.

शासना अतंगत नियुक्ती होण्यासाठी माझया पात्रतेला हानी पोहचेल अशा परिस्थितीची मला जाणिव नाही.

ठिकाण-

दिनांक-

उमेदवारांची सही

**SELF DECLARATION (AFFIDAVIT)**

I, Certify that the foregoing information is correct and complete to the best of my knowledge and belief , I am fully aware that my providing false information or suppressing material information while filling this form , the authorities have full right to terminate my appoint letter and I am also liable for appropriate criminal/civil/legal action as a consequence.

I am not aware of my any circumstances which might impair my fitness for employment under Government.

Place:

Date:

Signature of the candidate