

**National Health Mission
District Health Society, Raigad
Covid-19 Recruitment on Temporary Basis
Application Form**

Paste Photo

Post Name :-.....

(All fields in the forms are mandatory to be filled an Incomplete form submitted will be treated as rejected)

Name :-		
Father's/Husband's Name :-		
Date of Birth(DD/MM/YYYY)	Blood Group:	Gender:
Marital Status :	Existing NHM Employee	Nationality
Original Category :	Applying for category:	Caste Certificate Attached Yes/No

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

Address(Present):	Address(Present):
State:	State:
Pin:	Pin:
Contact No:	Contact No:
E-mail Id correspondence:	

Computer Proficiency:

Academic/Professional Educational all summary:(Staring form most recent)

Form (MM/YY)	To (MM/YY)	Degree / Diploma	University / Institute	Specialization / subjects	Final year Total Marks & Obtained Marks	Final Year percenta ge (%)

Permanent Work Council Registration No: (As Applicable) (MO/SN/Pharmacist.etc) :-

Work /Experience Summary :(Starting form current/most recent)

Experience in NHM (Experience of BVG will not be counted)

Sr. No	Form (MM/YY)	To (MM/YY)	Organization	Designation	Responsibilities (Min.30&Max.50Words)
Total Experience (In Years & Months):				Relevant Experience to the post applied (In Years & Moths):	

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 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 full filled application on the day of work in Interview

Checklist for documents (PDF) to be submitted through E-mail

- 1) Full filled Application form the prescribed format.
- 2) For MO/SN/Pharmacist Valid registration certificate.(As Applicable) If not renewed. Renewal receipt.
- 3) For age proof – School Leaving Certificate/ 10th or 12th passing Certificate.
- 4) **Diploma, Degree & Master Degree – Only submit Last Year Certificate and Mark sheet**
- 5) If any post-graduation, post-graduation certificate
- 6) Experience – Experience certificates as per mention in the form
- 7) Computer Proficiency – MS – CIT/ DOEAC Course- for the post of Data entry operator if applicable.