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**National Health Mission**  
**Deputy Director Health services Thane**  
**APPLICATION FORM District/Corporation name:**

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

<b>Exact Name Of Position Applied For:</b>				
<b>Name:</b>				
<b>Father's/Husband's Name:</b>				
<b>Date of Birth (DD/MM/YYYY):</b>		<b>Blood Group:</b>	<b>Gender:</b>	
<b>Marital Status:</b>	<b>Existing NHM (Yes/No)</b>	<b>Nationality:</b>	<b>Religion: Category</b>	<b>Applying for Which Category</b>

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

<b>Address(Present):</b>  <b>State:</b> <b>Pin:</b> <b>Contact No:</b>	<b>Address(Permanent): (Write same if same as present Address)</b>  <b>State:</b> <b>Pin:</b> <b>Contact No:</b>
<b>E-mail Id For Correspondence:</b>	<b>Alternate E-mail Id for correspondence (If any):</b>

<b>Languages Known: (Write "Y" / "N")</b>	<b>English</b>	<b>Hindi</b>	<b>Marathi</b>	<b>Others (please Specify below)</b>

<b>Computer Proficiency:</b>
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**Academic/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

**(Work/Experience Summary: ( Starting from current/most recent)**

Sr.No.	From (MM/YY)	To (MM/YY)	Organization	Designation	Responsibilities (Min.30and Max.50 Words)
Total Experience (In years & Month):			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-responsive.NHM shall not b responsible for late receipt or non-receipt of applications for any technical reason or whatsoever. The applications received after due date and time shall not be considered.