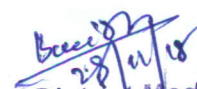


**APPLICATION FORM UNDER NHM , JAJPUR**

Adv. No.	Post applied for:						Affix your recent attested colour passport size photograph here.
1. Name of the Candidate: (IN CAPITAL LETTERS)							
2. Father's / Husband's Name: (IN CAPITAL LETTERS)							
3. Date of Birth (DD/MM/YYYY)		4. Age as on Dtd. 01/11/2018					
5. Residence		6. Gender (Male/Female)					
7. Nationality		8. Marital Status					
9. Category ( SC/ST/UR/SEBC)							
10. PRESENT CONTACT ADDRESS WITH PIN CODE					11. PERMANENT CONTACT ADDRESS WITH PIN CODE		
12. Permanent Contact No. with STD Code (Land Line)					13. Mobile Number		
14. Personal E-Mail Address					15. Mother Tongue		
16. Mention Languages Read , Write , Speak(Maximum up to 03 Languages , put tick mark against each)	Languages	Read	Write	Speak	17. Type of Identity Proof Submitted With No		
	Oriya						
	English				18. Computer Literacy (DCA/PGDCA/BCA/MCA) , Equivalent		
	Hindi				19. Duration of Computer Course .		
<b>20. EDUCATIONAL QUALIFICATION</b>							
Sl. No.	Exam Passed 10 <sup>th</sup> & 10 <sup>th</sup> onwards	Board / University	Year of Passing	MARKS			Type of Course (Full/Part time), Distance Learning
				Total Marks	Mark Secured	%age of Marks	
1.							
2.							
3.							
4.							

• Use additional sheet as per your requirement.

  
**Chief District Medical &  
Public Health Officer  
JAJPUR**

\_\_\_\_\_  
Signature of the Candidate.

**APPLICATION FORM UNDER NHM , JAJPUR**

<b>21. EMPLOYMENT RECORD</b>				
21A. Total Years of Post Qualification Experience				
21B. Total Years of Experience in Development Sector / NGO				
21C. Total Years of Experience in Government Sector				
<b>Starting from your present Employment , list in reverse order all the employments you have had</b>				
<b>22A. Current Employment Details</b>				
Name of the Firm / Organisation				
Address of the Firm / Organisation with Contact Number and E-Mail Address.				
<b>From Month / Year</b>	<b>To Month / Year</b>	<b>Total Years of Experience in Current Employment</b>	<b>Designation</b>	<b>Monthly Gross Remuneration</b>
Description of your major duties				
Reason for Leaving the Organisation				
<b>22B. Previous Employment Details</b>				
Name of the Firm / Organisation				
Address of the Firm / Organisation with Contact Number and E-Mail Address.				
<b>From Month / Year</b>	<b>To Month / Year</b>	<b>Total Years of Experience in Employment</b>	<b>Designation</b>	<b>Monthly Gross Remuneration</b>
Description of your major duties				
Reason for Leaving the Organization				
<b>N.B : Attach Extra Sheet for mentioning additional post qualification Experiences. The application must be superscripted on the top left hand corner of the envelop with the name of the post applied for....., otherwise the application will be rejected.</b>				
<b>DECLARATION BY THE CANDIDATE</b>				
I , do hereby declare that the information furnished above are true to the best of my knowledge and belief and if at any stage it is found that any of the above material information is false / incorrect or is suppressed by me then my candidature / appointment is liable to be rejected/terminated. I also declare that I have never been disengaged from service / job previously on administrative ground such as poor performance , misconduct , disobedience , criminal offence etc. and further I shall produce all original documents and certificates in support of the above information prior to my appointment.				
Date :		_____		
Place :		<b>Full Signature of the Candidate</b>		

*Banshi*  
**Chief District Medical &  
Public Health Officer  
JAJPUR**