



APPLICATION FORM



Post Applied for

Photograph

1. First Name: Last Name

2. Date of Birth: 3. Sex: 4. District of Domicile

5. Please mention if SC/ST/SEBC/UR:

6. Present Contact Address with Telephone No. 7. Permanent Contact Address:

8. Mobile No.

9. Education: High School onwards, please list all your qualifications

Degree (Starting from 10 th onwards)	Institute/Board & Location	Year	Marks			Full/Part Time/Distan ce Learning
			Full Mark	Marks Secure d	%	

Orissa Nursing/DMLT Council Registration (only SN, ANM & LT) PHARMACIST
10. Number:

11. Employment Record:		
Total Years of post qualification experience:		
Years of experience in the Development Sector/ NGO :		
Years of experience in Government:		
12. Details of Employment: (Use separate sheets if required)		
Starting with your present employment list in reverse order all the employments you have had		
12A. Current Employment:		
From Month/Year	To Month/ Year	Designation
Location of Employment:		
Description of your duties:		
12B. Previous Employment:		
From Month/Year	To Month/ Year	Designation
Location of Employment		
Description of your duties:		
12C. Previous Employment		
From Month/Year	To Month/ Year	Designation
Location of Employment:		
Description of your duties:		
Date:		
Place:	Signature of the Applicant	

Note:

The following documents are to be enclosed along with the application

1. Two copies of passport size colour self-attested photograph.
2. Self- attested photo copies of all mark sheets & certificates in proof of the claim made by the candidate relating to his/ her educational qualification and age.
3. Application form & attested photo copies of all mark sheets & Certificates (for each Individual post)
4. Residential Certificate.

