

## GOVERNMENT OF SIKKIM HEALTH CARE HUMAN SERVICES AND FAMILY WELFARE DEPARTMENT GANGTOK-737 101

Signed photo

## APPLICATION FORM (Write in <u>CAPITAL</u> letters only)

1.	Post Applied for:								-			
2.	Bank Ro	Bank Receipt No.& Date:					Amount :					
3.		Name of the Candidate: First Name										
ļ	Middle Name											
	Surnam	Surname										
4.		Father's name: First Name										
	Middle Name											
ļ	Surname											
5.	If married, Husband's name: First Name											
ļ	Middle Name											
Surname												
6	6. Certificate of Identification No.											
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7.	. Employment Card No.									
8.	Gender:	M	ale		Female					
9.	9. Date of birth : Date Month Year									
	D	D	M	M	Y	Y	Y	Y		
10. Mobile Number (recent & functional)										
11. Category (Mark whichever is applicable)										
	(i). OBC(CL)									
	(ii). OB	C(SL)								
	(iii).BL									
	(iv). ST									
	(v). SC									
	(vi). PT									
	(vii). W	SS								
12	. Religion	n:								
13. If already employed, No Objection Certificate from employer: Yes No										

DECLARATION

I, hereby declare that all the information given above by me is true and correct. If, the details are found false/fabricated and suppressed at any stage of examination, I am liable to be disqualified for admission to any examination held by the HC,HS& FW Department hereto and in future.

	Date:		Signature of the Applicant					
<b>%</b>	·····××		·····×		≻			
(Receip	1,	orm for the post of	Driver under HC,HS	&FW Department a	along with			
	eceipt of Rs.150	•	Direct under tre,ric	er w Department t	nong with			
Mr./Ms	./Mrs							
Signatu	re of Receiving	Authority						