



**The National Institute of Health & Family Welfare  
Baba Gang Nath Marg, Munirka, New Delhi-110067**

**Recent  
colour  
Pass port  
size  
photograph**

Name of the Nodal Agency/ Project:

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**To be signed across**

1. Name of the post applied for : \_\_\_\_\_
2. Name of the candidate in full  
(Capital letters) : \_\_\_\_\_ / \_\_\_\_\_  
(In Hindi) \_\_\_\_\_
3. Father's/Mother's Name : \_\_\_\_\_
4. Address for correspondence : \_\_\_\_\_  
With mobile phone and e-mail \_\_\_\_\_
5. Permanent Address : \_\_\_\_\_  
: \_\_\_\_\_
6. Date of birth and present age  
(on the date of Test) : \_\_\_\_\_
7. Whether belongs to SC/ST/OBC : \_\_\_\_\_  
/ Minority / PwD (Please specify)
8. Educational Qualifications :

| Sr. No. | Qualification | Board / University | Year of passing | Max. Marks | Marks obtained | Percentage (%) |
|---------|---------------|--------------------|-----------------|------------|----------------|----------------|
|         |               |                    |                 |            |                |                |

9. Details of employment work / Experience:

| Post held | Name of Deptt. / Organization | Salary drawing / drawn | From | To | Nature of duties performed |
|-----------|-------------------------------|------------------------|------|----|----------------------------|
|           |                               |                        |      |    |                            |

10. In case of Pensioner:

| Name of the Organization with full address | Post held | Scale of Pay / PB with Grade Pay | Amount of Basic Pension | Remarks |
|--|-----------|----------------------------------|-------------------------|---------|
|  |           |                                  |                         |         |

11. Any other relevant information: \_\_\_\_\_  
(Please attached a sheet if space is insufficient)

12. List of enclosures (self- attested)

- a.
- b.
- c.

Signature of the applicant  
Date: \_\_\_\_\_