

NATIONAL HEALTH MISSION, HARYANA

Form No.....

(Rs. 200/- for Gen.
Rs. 100/- for Res. Cat.)

Application for the post of (S.No.) & Name _____

Applied in Category _____

1. Name of the Candidate :
2. Father's Name :
3. Husband Name :
4. Sex : Male/Female
5. Date of Birth (DD/MM/YYYY) :
6. Married : Yes/No
7. Caste :
8. Category to which belong : (General/SC/BCA/BCB/SBC/EWS etc.)
9. Form Applied for : Gen Reserved
10. Telephone/ Mobile No :
11. E-mail :
12. Aadhaar Number :
13. Home District :
14. Permanent Address :
-PIN CODE
15. Correspondence Address :
-PIN CODE

Paste recent
coloured passport
size photograph
attested from
Gazetted officer

16. Educational/Professional Qualification:

Kindly fill the total Marks obtained during Degree (eg Total Marks = 1st yr +2nd yr and so on

| Examination Passed | Board/University | Year of Passing | Maximum Marks | Marks Obtained | %age of Marks | Division | Subject |
|--------------------|------------------|-----------------|---------------|----------------|---------------|----------|---------|
| 10 th | | | | | | | |

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|---|--|--|--|--|--|--|--|
| 10+2/vocational/ intermediate | | | | | | | |
| MBBS | | | | | | | |
| MD Gyane/Paeds / Medicine/Chest & TB/ DGO/DCH/DTCD/ DNB in these speciality | | | | | | | |
| BAMS | | | | | | | |
| Post Graduation in Ayurveda | | | | | | | |
| D Pharmacy | | | | | | | |
| B Pharmacy | | | | | | | |
| M Pharma | | | | | | | |
| GNM | | | | | | | |
| BSC Nursing | | | | | | | |
| MSC Nursing | | | | | | | |
| Diploma in ANM | | | | | | | |
| Promotional Training of MPHS F /LHV Training course | | | | | | | |
| DMLT | | | | | | | |
| Ophthalmic Assistant Diploma | | | | | | | |
| Diploma or Certificate course of Dental Mechanic | | | | | | | |
| Graduation in Arts/science (BA/BSc) | | | | | | | |
| MA/MSc | | | | | | | |
| PhD | | | | | | | |
| Diploma in Computer application | | | | | | | |
| PGDCA | | | | | | | |
| BCA | | | | | | | |
| MCA | | | | | | | |
| For Block ASHA Coordinator Bachelor degree in Art having optional subject of Sociology/ Psychology / rural development | | | | | | | |

| | | | | | | | |
|-----------------------------------|--|--|--|--|--|--|--|
| Degree in Public Health Mangement | | | | | | | |
| Any other course / Diploma | | | | | | | |

17. Total Experience: Year (s)..... Month(s)Day(s) (Govt/Semi Govt Only)

Kindly fill only relevant Post Qualification experience

| Name of Institution/ organization | Designation | From | To | Pay/Salary/Honorarium p.m. | Total Period |
|-----------------------------------|-------------|------|----|----------------------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |

18. NRHM Experience: Year (s)..... Month(s)Day(s)

| Name of Institution/ organization | Designation | From | To | Pay/Salary/Honorarium p.m. | Total Period |
|-----------------------------------|-------------|------|----|----------------------------|--------------|
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19. Registration with Haryana State Council for Ayurvedic MO/Pharmacist/Staff Nurses/ANMs/MPHS F/Dental Assistant:

| Name of Haryana State Registration Council | Registration No | Date/year |
|--|-----------------|-----------|
| | | |
| | | |

20. Detail of Document Attached:

- i. Matriculation Certificate
- ii. Degree/Diploma Certificate
- iii. Registration with Haryana state Council (Pharmacy/Nursing/Medical/Dental Assistant any other Technical)
- iv. Proof of Residence
- v. Proof of Category if any

- vi. Recent Passport Size Attested Photograph
- vii. Experience certificate (Govt/Semi Govt Only) if any
- viii. Any other certificate

21. Declaration: I hereby declare that

1. All the statements made in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the interview/selection/appointment, my candidature may be cancelled and action can be taken against me by the commission.
2. I have read the provisions in advertisement of the omission carefully and I hereby undertake to abide by them. I fulfil all the conditions of eligibility regarding age limits, educational qualifications etc. prescribed in the advertisement and other relevant rules and instructions.
3. I have never been convicted by criminal court.

Date:

Place:

Signature of Candidate

For Office Use Only

Roll No of Applicant:

Name of Applicant:

Check List

| S No | Certificates/Proof | Yes | No | Remarks |
|------|---|-----|----|---------|
| 1 | Date of Birth Proof (Matriculation Certificate) | | | |
| 2 | Residence Proof | | | |
| 3 | Caste Certificate | | | |
| 4 | Basic Qualification | | | |
| 5 | Higher Qualification | | | |
| 6 | Registration with Haryana State Council | | | |
| 7 | Experience Certificate | | | |

Signature of Verifying authority