



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

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Name of the Nodal Agency/ Project:

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

(Attach a separate sheet if space is inadequate)

10. In case of Pensioner:

Name of the Organization with full address	Post held	Scale of Pay / PB with Grade Pay/ Pay Level	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: _____