

DISTRICT HEALTH AND FAMILY WELFARE SOCIETY, JIND

APPLICATION FORM

For office use

Receipt No.-----

dated-----

Total No. of Pages including form____

Important Instructions

- Please read instruction given in advertisement carefully before filling in each column.
- Use only black/blue ball pen to fill the form.

Applied for the post (Encircle the post and category)

Name of post	Programme	category
Accounts Assistant /Accountant	DPMU	SC ESM/GEN ESM/BCB/BCA PHC
Accounts Assistant cum Data Entry Operator	SIHFW	UNRESERVED
Finance cum logistics consultant	NCD`	UNRESERVED
Accountant	RNTCP	UNRESERVED
Block ASHA Coordinator	ASHA	SC
Counsellor	Child Health NRC	UNRESERVED
Staff Nurse	Maternal Health	SC/ BCA/ GEN ESM/ BCB/ BCA ESM/ SC ESM
Staff Nurse	Child Health SNCU	SC/ ESM GEN
Staff Nurse	Child Health NRC	GEN PHC
Staff nurse	Child Health NBSU	GEN PHC/ GEN/ EWS/SC/BCA/GEN ESM/BCB/BCA ESM/SC ESM/BCB ESM/BCA PHC
STS	RNTCP	SC
TBHV	RNTCP	SC
District level PPM Coordinator	RNTCP	UNRESERVED
District Program Coordinator	RNTCP	UNRESERVED

- Name of the candidate : _____
(In Capital letter)
- Father's Name : _____
(In Capital letter)
- Husband Name : _____
(In Capital letter)
- Sex : _____
- Date of Birth : _____
(DD/MM/YYYY)
- Category to which belong : _____ Caste _____ **(Attach proof)**
- Telephone / Mobile No. : _____
- E-mail : _____
- Permanent Address : _____

_____ PIN CODE _____
- Correspondence Address : _____

_____ PIN CODE _____

Affix Recent
Colored
Passport Size
Photo

11. Educational / Professional Qualifications :

Examination Passed	Board/ University	Year of Passing	Maximum Marks	Marks Obtained	%age of marks	Division	Subject
10th							
10+2 / Vocational / Intermediate							
Graduation							
Post Graduation							
Any other Course / Diploma etc							

12. Internship / Training (if any): Year(s) _____ Month(s) _____ Day(s) _____ (write NA if not applicable)

Name of Institution / Organization	Designation	From	To	Total period

13. Total Experience: Year(s) _____ Month(s) _____ Day(s) _____

Name of Institution / Organization	Designation	From	To	Pay/Salary / Honorarium p.m.	Total period

14. Detail of document attached:-

- 1.----- 2.----- 3.----- 4.-----
 5.----- 6.----- 7.----- 8.-----
 9.----- 10.-----

15. Declaration : I hereby declare that

- All 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 any action can be taken against me by the department.
- I have read the provisions in advertisement of the department carefully and I hereby undertake to abide by them. I fulfill all the conditions of eligibility regarding age limits, educational qualifications etc. prescribed in the advertisement and other relevant rules and instructions.
- I have never been convicted by any court.
- There is no court case pending against me.

Date : _____

Place : _____

Signatures of the Candidate