

FORM FOR MIDWIFERY EDUCATORS UNDER NATIONAL HEALTH MISSION, J&K.

1. Programme applied for _____
2. Name of Candidate _____
3. Parentage _____
4. Date of Birth _____
5. Permanent Address _____
6. E-mail/ Contact No. _____
7. Details of Qualification: (Year Wise)

Paste latest
passport
Size
Photograph

Examination Passed	Board/University	Year of passing	Marks Obtained	Maximum marks	%age

8. Registration No. _____

9. I do hereby declare that

- I. The statement in this application is true to the best of my knowledge and belief.
- II. I have never been debarred from appearing at any examination/ interview.
- III. I have never been prosecuted or involved in any criminal case registered by the police or convicted by the criminal court.
- IV. I shall accept the selection for training made by the selection committee, which will be binding on me.

I undertake that any willful concealment of the facts shall result in the cancellation of my candidature and may also result in debarring me from applying in future for engagement under NIIM, besides initiating legal action against me.

Signature of applicant.