

N

**APPLICATION FORMAT**  
**( USE BLACK/BLUE BALL PEN FOR FILLING UP THE APPLICATION )**

To  
The Chief Medical Officer of Health  
&  
Member Secretary, District Health & Family Welfare Samity  
New Alipurduar, Matri Sadan Building 1<sup>st</sup> Floor,  
Ward No. XVI, Alipurduar, Pin: 736121  
West Bengal

Affix a recent Passport size colour  
Photograph

**Application for the post of** \_\_\_\_\_

1. Name in Full (In Block Letters) : \_\_\_\_\_
2. Name of the Father / Husband : \_\_\_\_\_
3. Date of Birth : 

--	--	--	--	--	--	--	--	--	--
4. Age as on 01.01.2020 : \_\_\_\_\_
5. Sex (Please tick the suitable) : ☐ Male ☐ Female
6. Nationality : \_\_\_\_\_
7. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
P.S. \_\_\_\_\_ P.O. \_\_\_\_\_  
District: \_\_\_\_\_ State: \_\_\_\_\_  
Pin: \_\_\_\_\_
8. Present Postal Address : : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
P.S. \_\_\_\_\_ P.O. \_\_\_\_\_  
District: \_\_\_\_\_ State: \_\_\_\_\_  
Pin: \_\_\_\_\_
9. Contact No : \_\_\_\_\_

10. Email ID :

11. Caste :

(Please enclose self attested  
Photocopy of caste certificate)

12. Educational Qualification : (Self attested photocopies must be enclosed)

Sl. No.	Examination Passed	Year of Passing	Board / University	Total Marks	Marks Obtained

N.B: a. In case self attested mark sheets are not attached with the application, the marks will not be considered

b. Total marks & marks obtained should be excluding additional subjects and should be in absolute numbers and not in percentage

13. Computer Qualification :

(Please enclose self attested  
Photocopy of computer certificate)

14. Details of Work Experience :

(Please enclose self attested photocopy  
of experience certificate clearly mentioning  
the period of work with monthly salary in the  
the official letter head with signature, seal  
and date)

### **DECLARATION**

"I hereby declared that all statements made in this application are correct to the best of my knowledge and belief and in the event of my information being found false my candidature is liable to be cancelled."

Place:

Date:

\_\_\_\_\_  
(Full Signature of the Applicant)