

APPLICATION FORMAT

To
The Secretary
 District Health & Family welfare Samity &
 Chief Medical Officer of Health,
 Purulia

Application Number:-

Space use for office use only

Sub – Application for the post of _____

Space for pasting recent passport size colour photograph of the candidate with his/her full signature thereon

1. Name in Full (in BLOCK Letter) - _____

2. Sex (Put a tick) :- **Male** **Female**

3. Father's / Mother's Name :- _____

4. Date of Birth :- _____ / _____ / _____ (DD/MM/YYYY)

5. Age (as on date of Advertisement) :- _____

6. Nationality :- _____

7. Caste (SC/ST/OBC-A/OBC-B/UR) :- _____

8. Address communication

9. Permanent Address :-

10. Contact Number – Landline (With STD Code) _____ / Mobile _____

11. Email ID _____

12. Essential Qualification :-

Qualification	Year of Passing	Subject (s)	University / Board / Institute	Total marks	Marks Obtained	Percentage of Marks Obtained

13. Desirable Qualification :-

14. Computer :-

15. List of Self attested Photocopies – Documents enclosed (NO other document except mentioned below is required (Put Tick Mark in the box) :-

Sl. No.	Document	Yes	No	Sl. No.	Document	Yes	No
01	One Color Passport size Photograph			02	Voter ID Card/ Aadhar card for verification of Identity		
03	Ration card/ electricity Bill for verification of residential proof			04	Mark sheets & certificates of educational qualification as per eligibility criteria		
05	Mark sheets & certificates of computer knowledge			06	Certificate of experiences duly issued by the appropriate authority		

N.B.:-

- 1) Application received after the closing date will not be considered.
- 2) Any attempt to unduly influence the selection process will lead to automatic disqualification of the applicant.
- 3) Only Short listed candidates will be called for Written Test, Computer Test & Interview.
- 4) The decision of the Competent Authority regarding the recruitment is final.

Declaration:

I solemnly declare that all statements made in this application are true, complete and correct. Original documents will be produced on demand. I understand that the concerned authority reserve the right to reject my candidature upon short listing of the candidates based on qualifications and experiences.

Place _____

Date _____

Signature of the Candidate in Full