

Annexure-B
APPLICATION FORM FOR CONTRACTUAL APPOINTMENT UNDER
STATE HEALTH SOCIETY

Attested
Passport size
Photograph

1 Post Applied for:

2 Adv. Notice No:

3 Name of candidate:

4 Parentage

5 Date of Birth:

6 Permanent/Present Contact Address:

7 E mail Address

8 Permanent Telephone No. (STD code)

9 Languages Spoken /Written

10. Details of Technical Qualification:-

Examination Passed	Examining Body/Board/University	Year of Passing	Marks Obtained	Total Marks	%age

11. Date of declaration of result of technical Qualification _____

12. Experience if any _____
Duration _____ Years _____ months

13. Documents

a) _____ b) _____

c) _____ d) _____

14. I do hereby declare that

- i. The Statement in this application is true to the best of my acknowledge and belief
- ii. I have never been debarred from appearing at any examination/Interview.
- iii. I have never been arrested /prosecuted or involved in any criminal case registered by the police or convicted by a criminal court.
- iv. I undersigned that any willful concealment of the facts shall result in the cancellation of my candidature and may also debar me from applying for future selection.

I shall accept the selection made by the selection committee which will be binding on me

Signature of Applicant

Note: You will be required to supply documentary evidence, which supports the statements you have made above before the interview.