

Annexure-A
APPLICATION FORM FOR CONTRACTUAL APPOINTMENT UNDER
NRHM IN 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 Address:	_____
7	E mail Address	_____
8	Permanent Mobile Telephone No. (STD code)	_____
9	Languages Spoken /Written	

10. Details of Technical Qualification:-

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

11. Date of declaration of result of technical Qualifications_____

12 Experience if any_____ Duration _____ Years_____ months

13 Documents Attached

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 understand that any willful concealment of 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 have to produce original documents in supports of the statements made above at the time of interview