

APPLICATION FORM
State Health Society
NATIONAL HEALTH MISSION, J&K

1. Post applied for. _____
2. Name of Candidate _____
3. Parentage _____
4. Date of Birth _____
5. Address _____
District _____, Block _____
6. E-mail/ Contact No. _____
7. Details of Technical Qualification:



| Examination passed | Examining Body/ Board/University | Year of passing | Marks obtained | Total marks | %age |
|--------------------|----------------------------------|-----------------|----------------|-------------|------|
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8. Date of completion of qualifying degree _____
9. Post Qualification Experience :
Duration _____ years _____ Months
10. Documents enclosed:
a) _____ b) _____
c) _____ d) _____

11. I do hereby declare that
 - a) The Statements in this application are true to the best of my knowledge and belief.
 - b) I have never been debarred from appearing in any examination/interview.
 - c) I have never been arrested / prosecuted or involved in any criminal case registered by the police or convicted by the criminal court.
 - d) I have undergone the degree from University head-quarters and not from the off-campus which have been established by these Universities beyond their territorial jurisdiction (In case of Distance Mode).
 - e) I undertake that any wilful concealment of the facts shall result in the cancellation of my candidature and the State Health Society 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: The candidates need to attach documentary evidence along with the application form, which supports the statements made in the form.