



APPLICATION FORM for Paramedical staffs (daily wages basis) for Covid-19

Advertisement No:		Photograph						
Name of the post applied for :								
01. Name of the Candidate (in Block Letter):								
02. Father's/ Spouse Name:								
03. Date of Birth :	04. District of Domicile:	05. Gender:						
06. Age as on Date of Walk-In-Interview i.e. (28.07.2020)	07. Marital Status (Married / Un married)	08. Person with Disability / Ex-servicemen / Sport person						
09. Present Address :-	10. Permanent Address :-							
11. Contact No / Mobile No :								
12. Email Address :								
13. Regd. Number (ONC):								
14. Language Spoken / Written :								
15. Academic and professional Qualification details : (High School onwards)								
Sl. No	Exam Passed	Name of the Board/ University	Year of passing	Marks (excluding 4 th optional)			Duration of Course	Remarks
				Full Marks	Marks secured	% of Marks		
1	Matric (10 th)							
2	+2 (Arts/science/ com/Voc)							
3	ANM/GNM/ Pharmacy							

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28/07/2020
Chief District Medical & Public Health Officer
Keonjhar

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DECLARATION BY THE CANDIDATE

I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that , if at any stage , it is found that any of the above information is false / incorrect or is suppressed by me, my candidature / appointment is liable to rejected / terminated. I also declare that I have never been disengaged from service previously on administrative ground such as disobedience / poor performance / misbehavior / criminal activities etc.

Further, I undertake that at present I am unemployment and not engaged anywhere else. I am well aware about the recruitment terms and condition as well as risk associated with Covid-19.

Date :

Place :

Full Signature of the Applicant

N.B:-

Candidates are required to attach the following documents along with the application form.

1. One recent passport size colour photograph duly pasted at the designed space.
2. Self attested photocopy of Identity Proof (Voter ID card / PAN card / Driving License / Aadhar Card / Passport).
3. Self attested copies of All Mark sheet and certificate in proof of the claim made by the candidate relating to his/her educational qualification.
4. Self attested copy of HSC or equivalent marks sheet and certificate (proof of age)
5. One self addressed envelope (Size 24" X 10") with postage stamp of Rs. 25 /- affixed on it.


20/7/2020
Chief District Medical & Public Health Officer
Keonjhar