NATIONAL RURAL HEALTH MISSION, HARYANA
Application for the post of

			101, 10	the post o	[ANA	
1	1. Name of the	e candidate	: _					
	2. Father's/Hu	sband Name	:					
_	3. Sex 1. Date of Birt (DD/MM/Y	: Mal :	e / Female	Paste Passport Size Photo Here				
5	. Category to	which belong	:					
6.	. Telephone /	Mobile No.	:					
7.	E-mail							-
8.	Permanent A	ddress						
9.	Corresponden	ce Address				_PIN C		
			•					
	PIN CODE							
10.	Educational / 1	Professional (Qualification					
	Examination Passed	Board/ University		Maximum Marks	Marks Obtained	%age of marks	Division	Subject
	10th					marks		
The second secon	10+2 / Vocational / Intermediate						and the state of t	
	Graduation							
	Post Graduation	Manager and a second						

Name of Institution /	ear(s) Month(s	From	Day(s)			
Organization		110111		To Tot	Total period	
Total Experience: Year(s)	Month(s)	Day(s)				
Name of Institution /	Designation	From	To	Pay/Salary /	Total	
Organization				Honorarium	period	
			1	p.m.		
			-			
Detail of document :						
attached						
Declaration: I hereby declare	that					
. All statements made in this appl of any information being	ication form are true, comp	rrect, or ine	ngibility be	aken against me by	the commission	
 I have read the provisions in ad- conditions of eligibility regarding rules and instructions. 	vertisement of the omissing age limits, educational	on carefully an	a i neceny ur	menake to apide o	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
. I have never been convicted by	criminal court.					
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