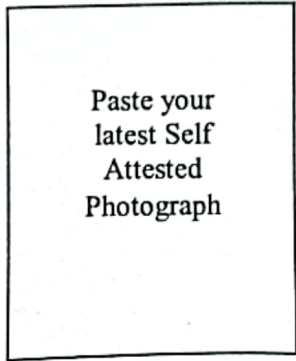


District Health & Family Welfare Society, Sonipat
APPLICATION FORM

For Office use only

Roll. No. Receipt No. Date



Advertisement No. _____

Application for the Post of _____

Name of Applicant: _____

Father's Name: _____

Husband's Name (wherever applicable): _____

Email Address- _____ Date of Birth: _____

Sex _____ Contact No.(Mandatory) _____

Aadhar No. _____ Reservation Category: _____

Write name and complete address :-

Name: Address: Tehsil: District: State:	Pin Code <div style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></div>
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Educational Qualifications:-

Educational Qualification	Year of Passing	Marks Obtained	Total Marks	% age	Division	Name of Board/ University	Subjects
10 th							
10+2							

Experience:

Sr. No.	Name & address of employer	Designation	From (Date)	To (Date)	Total period of Experience
1.					
2.					
3.					
4.					

Detail of document attached: 1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Details of Application Fees

Bank Draft No.:-	Amount:-
Name of Bank:-	Date of Demand Draft:-

Declaration: I hereby declare that

1. All statements made in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, or ineligibility being detected before or after the Document Verification/selection/appointment, my candidature may be cancelled and action can be taken against me by the commission.
2. I have read the provisions in advertisement of the omission carefully and I hereby undertake to abide by them. I fulfill all the conditions of eligibility regarding age limits, educational qualifications, experience etc. prescribed in the advertisement and other relevant rules and instructions.
3. I have never been convicted by criminal court

Date: _____

Place: _____

Signatures of the Candidate