

**DISTRICT HEALTH & FAMILY WELFARE SOCIETY (NHM)
O/O CIVIL SURGEON, YAMUNANAGAR 01732-237811**

Application Format

Paste attested
passport size
recent
Photograph

1. Post Applied For : _____
2. Name of the Programme : _____
3. Name of the Applicant : _____
4. Father/Husband Name : _____
5. Mother Name : _____
6. Permanent Address : _____
(min. 3 Residence proof must be attached)
7. Correspondence Address : _____

Valid Email Id _____

8. Contact No. : _____ (valid for at least one year)
9. Date of Birth & Age : _____ (_____ Years _____ Months)
10. Category (proof must be attached) : _____
11. Registration No. : _____
12. Registration Authority : _____
13. Academic Qualification : _____

Examination Passed	Board/ University	Year of passing	Marks obtained	Total Marks	% age	Subject

12. Relevant post qualification experience (any state govt./semi govt./UT/any Govt. Board/Corporation)

(Proof must be Attached) : _____ Years _____ Months

S.No.	Designation	Name of the Organization	From	To	Total In Years & Month

Date:

Signature of Candidate