# APPLICATION FOR THE POST OF ANM/MPHA(F) JOGULAMBA GADWAL DIST

ame of the District	Please affix a rece Passport Size Photograph
Name of the Candidate	
Father/Husband Name	
Date of Birth (SSC certificate to be enclosed)	
Gender (Please tick)	Male / Female
Community Status (Certificate to be enclosed)	SC / ST / BC (A) / BC (B) >' BC (C) / BC (D) / BC (E) /OC
Whether Physically Handicapped	YES / NO (Certificate to be enclosed for Yes)
Address for Communication :	
Mobile No.	
Email Id	

### **Details of School Education**

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Class	Year of Education	<b>Regular</b> / Private	Name of the School	District of the School
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ru				
tn F				18
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(n )				
nn				
ym				
9 10 <sup>m</sup>				

Course	Year of Education	Year of Passing	Name of the Collage & District	Name of the University

Details of Qualifying Examination

Registration No	Registration Date	Name of the Council Where Registered
-		

Details of Registrations of Qualification Exam

Consolidated Total Marks of the Exam	Mark obtained by the Candidate	Percentage (%) obtained Grade Obtained

Details of Marks in Qualifying Exam Details of Application Fee paid (Rs.300.00 per Candidate) (Payable in the form of Demand Draft Drawn in favor of DM&HO.Jogulamba Gadwal.Payable ; Gadwal)

Demand Draft no	DD Date	Name of the Bank & Branch
2		

#### DECLARATION

I hereby declare that all the details provided by me in the above application, are true and correct to the best of my knowledge. Any Misrepresentation suppression of facts by me, if noticed at a later date, will forfeit my right to appointment and I shall be responsible for the same.

#### Dated :

Signature of the Candidate

List of Enclosures (Xerox copies of certificates)	List of Enclosures (	(Xerox cop	ies of certificates)
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1)

2)

3)

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## ACKNOWLEDGEMENT TO CANDIDATE

Application for the post of ANM/MPHA(F) is received from

Name of the Candidate:

Father/Husband Name:

Date of Acknowledgement:

Signature Seal