

## APPLICATION FORM

1. Advertisement No. \_\_\_\_\_ Date: \_\_\_\_\_
2. Post applied for \_\_\_\_\_
3. Name of Candidate \_\_\_\_\_
4. Parentage \_\_\_\_\_
5. Date of Birth \_\_\_\_\_
6. Address \_\_\_\_\_

Space for  
Photograph

District \_\_\_\_\_ Block \_\_\_\_\_

7. Contact No. \_\_\_\_\_

8. Details of Qualification:

Examination passed	Examining Body/ Board	Year of Passing	Marks obtained	Total Marks	%age
10th					
10-2					

Marks of all semesters write below mentioned columns (Technical qualification required for adv. post)

Examination passed	Examining Body/ Board/ University	Year of Passing	Marks obtained	Total Marks	%age
<b>G.TOTAL:</b>					

9. Date of completion of qualifying degree /diploma \_\_\_\_\_

10. Documents enclosed:

- |          |          |
|----------|----------|
| a) _____ | b) _____ |
| c) _____ | d) _____ |
| e) _____ | f) _____ |

11. I do hereby declare that

- a) The Statements made in this application are true to the best of my knowledge and belief.
- b) I have never been debarred from appearing in any examination/ interview.
- c) I have never been arrested / prosecuted or involved in any criminal case registered by the police or convicted by the criminal court.
- d) I have undergone the degree from University head-quarters and not from the off-campus which have been established by these Universities beyond their territorial jurisdiction (In case of Distance Mode).
- e) I undertake that any wilful concealment of the facts shall result in the cancellation of my candidature and the State Health Society may also debar me from applying for future selection.

I shall accept the selection made by the selection committee which will be binding on me.

Date: \_\_\_\_\_  
Place \_\_\_\_\_

Signature of applicant

**Note:** The candidate need to attach documentary evidence along with the application form, which supports the statements made in the form.