



National Health Mission, Beed

District Integrated Health & Family Welfare Society Beed

Application Form



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Application for the post Number & Name -----

(All fields in the *mandatory to be filled Incomplete form submitted will be treated as rejected)

Exact Name of Post Applied for:						
Full Name of Candidate:						
Father's/Husband's Name:						
Date of Birth (DD/MM/YYYY):	Blood Group:	Gender:				
Marital Status:	Existing NHM Employee (Yes/No):	Nationality:				
Religion:	Applying Category:	Caste Certificate Attached (Yes/No):				
Original Category:						
Demand Drafts Details:						
Name of Bank:	DD Date: / /2024	DD Number:	DD Amount in Rs.			
Address / Contact Details: (Name of the District and Pin code is compulsory)						
Address (Present): Taluka: District: State : Pin code: Mob.No. Email ID:		Address (Permanent): Taluka: District: State : Pin code: Alternate Mob.No. Alternate Email ID:				
Computer Proficiency:						
Academic / Professional Educational all Summary: (Starting form 10th class)						
From (MM/YY)	To (MM/YY)	Degree / Diploma / Certificate	University / Board / Institute	Specialization / Subjects	Final Year Total Marks & Obtained Marks	Final Year Percentage %

Work / Experience Summary: (Starting from Current / Most Recent)					
Sr.No.	From (DD/MM/YYYY)	To (DD/MM/YYYY)	Organization	Designation	Responsibilities (Min.30 and Max.50 Word's)
Total Experience (in Years & Months):				Relevant Experience to the post applied (in Years & Months)	
Notice Period / Joining Time (Days):					
Details of Internship / Workshops / Trainings Attended (If any):					
<p>Declaration:</p> <p>I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue / false / incorrect of I do not satisfy the eligibility criteria my candidature will be cancelled, without assigning any reason thereof. I have read the content of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for.</p> <p>Name:</p> <p>Place: Signature</p> <p>Date: / /2024</p>					

Disclaimer:

The applicants are required to submit the duly filled application on or before the due date and time, failing which the application of the said applicant shall be treated as non-responsive. National Health Mission shall not be responsible for late receipt or non-receipt of application/s for any technical reason or whatsoever. The applications received after due date and time shall not be considered.

प्रतिज्ञापन

नमूना अ

मी श्री./श्रीमती/कुमारी.....

श्री.....यांचा/यांची मुलगा/मुलगी/

पत्नी वय.....वर्ष, राहणार.....याद्वारे असे
जाहिर करतो/करते की.

१) मी.....या पदासाठी माझा अर्ज

दाखल केलेला आहे.

२) आज रोजी मला.....(संख्या) इतकी हयात मुले आहेत. त्यापैकी

दिनांक २३ जूलै, २०२० यानंतर जन्माला आलेला मुलांची संख्याआहे.

(असल्यास जन्मदिनांक नमूद करावा)

३) दिनांक २३ जूलै २०२० रोजी हयात असलेला मुलांची संख्या दोनपेक्षा अधिक असेल तर दिनांक

२३ जूलै २०२० व तदनंतर जन्माला आलेल्या मुलांमुळे या पदासाठी मला अपात्र ठरविण्यात
होईल याची मला जाणीव आहे.

ठिकाण :-

सही/-

दिनांक :-