



Annexure 'B'

**The National Institute of Health & Family Welfare
Baba Gang Nath Marg, Munirka, New Delhi-110067**

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1. Name of the position applied for : _____
2. Name of the candidate in full : _____(Hindi)
_____ (English)
3. Father's Name : _____
4. (a) Address for correspondence : _____
(b) Mobile phone No. : _____
(c) Email address : _____
5. Permanent Address : _____
6. Date of birth and present age : _____
(As on date of interview)
7. Whether belongs to SC/ST/OBC : _____
/EWS/PWD (Please specify)

8. Educational Qualifications:

Sr. No.	Qualification	Board / University	Year of passing	Max. Marks	Marks obtained	Percentage (%)

9. Details of employment:

Post held	Name of Deptt. / Organisation	From	To	Nature of duties performed

10. Any other relevant information: _____

11. Please link the self-attested copies of certificates in support of your educational qualification, experience, Date of Birth, Caste etc.

12. List of enclosures
(i) _____ (ii) _____ (iii) _____
(iv) _____ (v) _____ (vi) _____

Date: _____

Signature of the applicant
Name: _____