

APPLICATION FORM

Application for the post of :- **AYUSHMAN MITRA**

1. Name of the Applicant (in block letter):-
2. Father/Husband Name (in block letter):-
3. Date of Birth:-
4. Sex (Male/Female/Transgender):-
5. Category:-
6. Nationality:-
7. Marital Status:-
8. E-Mail ID:-
9. Contact No.:-
10. Address:-

Affix recent
passport size
photograph

11. Educational Qualification:-

Class	Board/University	Year of Passing	Marks Obtained/Max. Marks	Percentage (%)	Subject
10 th					
12 th					
Graduation					
Post-Graduation					
Others					
EXPERIENCE, If any					
Post Held	Name of the Organisation/Institute/Hospital	From	To	Brief Description of duties performed during post held	

Declaration:- *I hereby declare that all the statement/information made in the application form 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 or I do not satisfy the eligibility criteria, my candidature/appointment will be cancelled/terminated without assigning any reason thereof. I have read the contents of the advertisement and agree to abide by the all rules, regulations and procedure of AB-HHPA, if I appointed for the post applied for.*

Date:

Place:

(Signature of Applicant)