

District Health & Family Welfare Society, Sirsa

Application Form for Advertisement No.:-					Dated-					
<i>(All supporting Documents/Certificates are required to be attached with Application Form)</i>										
<i>To be Filled by the Candidate</i>										
Post S.N.					Name of the Post					
A	Personal Information								Latest Passport size attested Photo	
1.	Name of the Candidate(In Capital Letters)									
2	Father's Name(if unmarried)/ Husband's Name (If Married)									
3	Date of Birth(Date/Month/Year)									
	Marital Status (Single/Married/Other)									
4	Permanent Address (With PIN Code)									
5	Category (Gen/SC/BCA/BCB/EWS/etc.)									
6	Mobile/Contact No.									
7	E-mail Address (in capital letters)									
B	Academic /Professional Qualifications (Starting from Highest Degree) (Attach Additional Sheet, if Required)									
	Degree/ Class	Name of University/ Institute/ Board		Passing year	Status of Marks			SGPA /CGP A	DMC/ Certificate Attached	On Page No.
					Total	Obtained	%			
C	Work Experience from any State Govt./Semi Govt./ UT/ any Govt. board/ Corporation/NHM (Starting from the latest) (Attach Additional Sheet, if Required)									
	Designation(From Latest Job)	Period of Job		Gross Salary	Name of Organization/Institution/Department GIS/ESI/GPF/EPF no if any					
		From	TO							
D	Any Other Information, the Candidate would like to give in support of her/his candidature(Attach Additional Sheet, if Required)									

E	Weather any relevant working in Health Department	Yes/No	If yes Name	Name Health Institution:-
	

Declaration: All Information given in the Application Form is correct and true to the best of my knowledge .My candidature may be rejected, if found any information incorrect/false/misleading and any Civil/Criminal legal action can be taken against me for this.

- NOTE:-**
1. NOC from present employer should be attached with application form.
 2. Experience should be obtained after essential qualification and relevant to post applied.
 - 3 . I have read instructions carefully given in advertisement.

Date: (Signature of the Candidate)

(To be filled by the candidate) (Attach Additional Sheet, if Required)

List of Document attached:-	
1.....	7.....
2.....	8.....
3.....	9.....
4.....	
5.....	Reference ID/Transaction ID
6.....	Date
	Amount
	Name of Bank

Date: (Signature of the Candidate)