

APPLICATION FORMAT

Application for the post of GNM

Affix one colour
recent passport
size photo

1. Name (Block letter) :-
2. Father's Name/Husband's Name :-
3. Address (in details) :- Village/Town:
P.O: Pin:
Block District:
4. Contact number (Mobile) :-
5. Email Id (compulsory) :-
6. Date of birth :-
7. Age as on 01.11.2016 :-
8. Sex :-
9. Caste :- General SC ST OBC-A OBC-B
10. Educational Qualification :-

Exam Passed	Board/University	Full Marks	Marks obtained (Excluding Additional/EVS marks)	% age of marks	Year of passing
MP (10+)					
HS (12+)					
GNM/B.Sc. Nursing					

11. Working experience : Government Sector Private Sector

12. Relevant years of experience

13. Enclosures :- Submit self attested photo copies of i) Age proof certificate (Admit card of Madhyamik or Equiv), ii) Caste Certificate, iii) Mark sheet of MP, HS, GNM/B.Sc. Nursing, iv) Residential proof

14.

I declare that the information furnished above are based on material records true are true to the best of my knowledge and belief. I also understand that if any information furnished is found to be materially incorrect or incomplete my candidature is liable to be cancelled without any further intimation to me.

Date of application

Signature of Applicant

APPLICATION FORMAT

Application for the post of Medical Officer

Affix one colour
recent passport
size photo

1. Name (Block letter) :-
2. Father's Name/Husband 's Name :-
3. Address (in details) :- Village/Town:
P.O: Pin:
Block District:
4. Contact number (Mobile) :-
5. Email Id (Obligatory) :-
6. Date of birth :-
7. Age as on 1.11.2016 :-
8. Sex :-
9. Caste :- General SC ST OBC-A OBC-B
10. Educational Qualification :-

Exam Passed	Board/University	Full Marks	Marks obtained	% age of marks	Year of passing
MBBS final					
DIPLOMA					
MASTERS					

11. Working experience : Government Sector Private Sector
12. Relevant years of experience
13. Enclosures :- Submit self attested photo copies of i) Age proof certificate (Admit card of Madhyamik or Equiv),ii) Caste Certificate, iii) Mark sheet MBBS, Diploma, Masters, iv) Working experience mentioning of years

I declare that the information furnished above are based on material records true are true to the best of my knowledge and belief. I also understand that if any information furnished is found to be materially incorrect or incomplete my candidature is liable to be cancelled without any further intimation to me.

Date of application

Signature of Applicant