

APPLICATION FORMAT
(Rampurhat Health District)

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Application for the Post of _____

DD/Banker's Cheque No. _____ Amount _____ Date _____

1. Name (in Block Letter) : _____
2. Father's /Husband Name : _____
3. Full Address : _____ Vill/Town _____
_____ PO _____ Dist _____ Pin _____
4. Contact Number(Mobile) : _____
5. Email ID(Compulsory) : _____
6. Date of Birth : _____
7. Age as on 01/01/2020 : _____
8. Sex : _____
9. Category : Gen SC ST OBC-A OBC-B

10. Educational Qualification : (Self Attested Copy must be submitted with the application)

Examination Passed (Strikeout which is not applicable)	Board/Council/ University	Full Marks	Marks obtained	% of Marks	Year of Passing
Secondary					
Higher Secondary					
GNM/B.Sc. Nursing Course					

- 11. Enclosures :-** self attested photocopy of (i) Admit card of Madhyamik Examination for age proof, (ii) Mark sheet and certificate of Secondary, Higher Secondary, GNM training course/ B.Sc. Nursing Course (iii) Proof of registration or Registration certificate of West Bengal Nursing Council, (iv) Residence Proof document (v) Caste proof certificate (vi) DD/Banker's Cheque amounting Rs.100/- or Rs.50/- as applicable.

I declare that the information/document furnished above are true to the best of my knowledge and belief. I also understand that if any information/document furnished is found incorrect / incomplete / false, my candidature is liable to be cancelled without any further intimation to me.

Date : ___/___/___

Signature of Applicant