

National Health Mission

District Integrated Health & Family Welfare Society, Nagpur



APPLICATION FORM

(All fields in the forms are mandatory to be filled. An incomplete form submitted will be treated as rejected.)

Name of Po	st Appli	ed for	:					
Name of Cadre:						Name of Program:		
Full Name o	f Candid	late:				ľ		
Father's / Hu	usband's	Name:						
Date of Birth (DD/MM/YYYY):			YY):	Blood Group:		Gender:		
Marital Statu		isting N ES/NO)		Nationality:			Religion: Category:	Applying Category:
Address/ Co	ntact De	tails : (N	Name of th	ne District	and Pi	n co	ode is compulsory)	
Address (present):						Address (permanent): (write same if same as present Address)		
State:					State:			
Pin:					Pin:			
Contact No:					Contact No:			
E-mail Id for Correspondence :					Alternate E-mail Id for correspondence (If any):			
Languages Known : Engl (Write Y/N)		English	Hindi	Hindi Marathi		Others (please Spec	ify below)	
Typing & Co	omputer	proficie	ncy:					
Academic/P	rofession	nal Educ	ation Sun	nmary : (S	Starting	fro	m most recent)	
From	TO Degree/Diploma Universit		iversity/	'	Specialization/	Final year		

From	TO	Degree/Diploma	University/	Specialization/		Final year	
(MM/YY)	(MM/YY)		Institute	Subjects	Total	Marks	% of
					Marks	obtained	Marks

Work / Experience Summary : (Staring from Current / most recent)

Sr.	From	TO	Organization	Designation	Responsibilities		
No.	(MM/YY)	(MM/YY)			(Min. 30 and Max. 50 Words)		
Total Experience (In Years & Months):			Months):	Relevant Experience to the post applied (in years &			
				Months):			
				Notice period / Joining 7	Γime (Days):		

Details of Internship / Workshops / Conferences / Trainings Attended (If any) :	

Declaration:

I hereby declare that all statements made in the application 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 will be cancelled, without assigning any reason thereof. I have read the content of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for.

Place:	Name of Candidate:
Date:	Signature:

Disclaimer:

The applicants are required to submit the duly filled application on or before the due date and time, failing which the application of the said applicant shall be treated as non-responsive. NHM shall not be responsible for late receipt or non-receipt of application/s for any technical reason or whatsoever. The applications received after due date and time shall not be considered.