



# THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

DD-36, Sector-I, Salt Lake, Kolkata 700 064

Website: www.wbuhs.ac.in

Phone: (EPBX) 2321-3461; Fax: 2358-0100

## APPLICATION FORM

Please paste a self  
attested passport  
size recent colour  
photograph here

1. Post applied for :
2. Name of the applicant :
3. Date of Birth : \*
4. Age as on 22.11.2018:
5. Category: SC / ST / OBC / Gen: \*
6. Father's/ Husband's Name:
7. Address for Communication :
  
8. Contact No.: E-mail:
9. Present designation and name of the Institution of employment : \*
  
10. Educational Qualification : \*
  
11. Details of administrative experience in recognized Medical/Non-Medical Institution/College:

Post	Name of institution	From	To	Period of service

12. Whether attached to Govt./ Semi Govt. service: Yes  No   
(If yes, then the candidate has to produce NOC from the Employer) \*

**Declaration:**

- a. I possess all essential qualifications for the post applied for.
- b. I solemnly declare that all the statements made in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found suppressed / false or incorrect, or if my ineligibility is detected, my candidature / enrolment to the post applied will stand cancelled.

.....  
Full Signature with date

**\* Self attested photocopy of the documents should be attached**