

APPLICATION FORM

To
The CMOH & Member Secretary
District Health Family Welfare Samiti
Office of the CMOH, Bishnupur Health District,
PO-Bishnupur, Dist.-Bankura, Pin-722122.



Affix recent passport
size photograph duly
self attested

1. Post applied for :
2. Serial No. of Post :
3. Name (In capital letter) :
4. Father's / Husband Name :
5. Address for communication : C/O.....
Vill/ Town/ Road: Post Office:
- P.S Dist Pin
6. Date of Birth(DD/MM/YYYY):
7. Age as on date of Advertisement:
8. Sex : Male / Female /Others (Please tick)
9. Marital Status: Married /Unmarried (For married female candidate Marriage
Registration Certificate is required to be attached)
10. Nationality:
11. Voter ID no/ Aadhaar no:
12. E-mail id
13. Mobile No (if any):
14. Category: (please in box)

UR	SC	ST	OBC-A	OBC-B	Others

15. Education Qualification:

Sl. No.	Exam Passed	Board / Institution / University	Year of Passing	Total Marks	Marks obtained	Percentage (%)
1						
2						
3						
4						
5						
6						

16. Professional /Technical/Computer Knowledge:

Sl. No.	Name of Course	Name of institute/Board/University	Year of passing	Duration of Course	Subject	Full Marks	Marks Obtained	% of Marks/ Grade
1								
2								
3								
4								

[Signature]

17. Experience: Yes/No (if yes, filled the details)

Name of the Post	Name of the Organization	Govt/ Private	duration		Total Experience (in months)
			From	To	

Check List:

Sl. No.	Documents (self attested Xerox copy)	Name of the authentic document	Documents Submitted (Yes/No)
1	Age Proof		
2	Residential proof		
3	Caste Certificate		
4	Secondary passed along with mark sheet		
5	HS passed along with mark sheet		
6	Graduation passed along with mark sheet		
7	Post Graduation passed along with mark sheet		
8	Mark Sheet, Certificate in computer /technical / professional knowledge		
9	Experience certificate		
10	Others (if any)		

DECLARATION:- I hereby solemnly declare that the particulars furnished above are materially true, correct and complete to the best of my knowledge. In case of any discrepancy my candidature is liable to be summarily rejected by the Selection Committee without any notice.

Date:

Place:

(Full signature of Applicant)



[Handwritten signature]