



बिहार सरकार

DISTRICT HEALTH SOCIETY, EAST CHAMPARAN**Application Form**

(To be filled in by the candidate with Ball Point Pen in his/her own handwriting after carefully reading instructions mentioned in the advertisement)

Application for the post of	
Name	
Father's/Husband's Name (Tick whichever is applicable)	
Date of Birth	
Age (as on 01-11-2018)	
Marital Status	
Nationality	
Category/Cast (Tick whichever is applicable)	Unreserved () Extremely Backward Class () Backward Class () Schedule cast () Schedule Tribe () Backward Class () Caste _____ (Specify) Handicapped Yes () No () % _____
Present Address	
Permanent Address	
Contact Number	
E-mail ID	

Academic background (Starting from highest)

S.No.	Qualification	School/Institute/University	Year of Passing	% of Marks/ Grade	Sub/Specialization
1					
2					
3					
4					

Technical Qualification (Starting from highest)

S.No.	Qualification	School/Institute/University	Year of Passing	% of Marks/ Grade	Sub/Specialization
1					
2					
3					
4					

Typing/ Shorthand Speed (if Applicable)

English	Hindi	Shorthand (Eng./Hindi)	English -	Hindi-

Training and workshops attended				
S.N	Topic	Institution / Organization	Year	Objective of the Training/Workshop
1				
2				
3				
4				

Work Experience (starting from the latest) (Please enclose experience certificate)

Experience 1	From	
	To	
	Organization	
	Designation held	
	Brief profile of the Responsibilities held	
Experience 2	From	
	To	
	Organization	
	Designation held	
	Brief profile of the Responsibilities held	
Experience 3	From	
	To	
	Organization	
	Designation held	
	Brief profile of the Responsibilities held	
Total Experience (in Year/Month)		

Any other information that the candidate would like to give in support of his/her candidature

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Declaration: I do hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief. In the event of any particulars or information furnished by me is found to be false/incorrect/incomplete, my candidature for the post is liable to be rejected/cancelled and in the event of any statement/information found false/incorrect even after my appointment, my contract is liable to be terminate without any notice.

Place:.....
Date:.....
.....
(Signature of the candidate)

Note :- The signature done on the application form should be in running script (Not in Block letters)