

APPLICATION FORMAT

APPLICATION FOR THE POST OF _____

1. Name (In Block Letter) :
2. Father's/Husband's Name :
3. Date of Birth (DD/MM/YYYY) :
4. Sex :
5. Marital Status :
6. Caste/Category (Put Tick Mark) : GEN SC ST OBC-A OBC-B

Paste recent
Passport size
photograph duly
signed across

PH

7. Address :
8. Mobile Number :
9. E-mail ID :
10. Qualification details :

Sl. No.	Qualification	Year of Passing	Board/University	Total Marks	Marks obtained	Percentage
1.	Madhyamik/Equivalent*					
2.	HS/Equivalent*					
3.	Graduation/Equivalent*					
4.	PG/Equivalent					
5.	Others(give details)					

***For Madhyamik calculate marks obtained except additional marks. For HS calculate marks obtained as total of two compulsory languages and best three of rest subjects. For honours graduates calculate total marks & marks obtained only for Honours Subjects.**

11. Computer Knowledge (if any) details :

Sl. No.	Name of Institution	Year of Passing	Course Duration	Course Name & Modules Covered
1.				
2.				
3.				

12. Experience Details:-

Sl. No	Details of employer (Organization Name & Address)	Joining Date	Working Tenure(In Complete Years)	Designation & JOB Description)
1.				
2.				
3.				
4.				

Declaration:

I do hereby declare that particulars furnished above are all correct.

Place:

Signature of the Candidate

Date:

APPLICATION FORMAT FOR THE POST OF
COMMUNITY HEALTH ASSISTANT (URBAN) (FEMALE ONLY)

[N.B. Application forms not properly filled in or incomplete Application forms are liable to be cancelled.]

1. Name in full (in Capital letters):

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2. Guardian's Name:

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Space for pasting recent
passport size photograph
duly signed by the
candidate.

3. (a) Date of Birth according to Madhyamik or equivalent
examination certificate :

(b) Age as on 1.1.2022 :

4. (a)(i) Caste category (UR/SC/ST/OBC-A/OBC-B) OF WB :

(ii) Designation of issuing authority of the Caste
Certificate (If any) :

(b) Physically handicapped (Yes/No) :

5. Corresponding address (in Capital letters) to which :

communication should be sent (mentioning post office,

Sub-division, District, Pin Code)

6. Permanent address (in Capital letters) :

7. Contact No. :

8. E-mail ID :

9. Whether citizen of India (Yes & No)
(By Birth/ Registration) :

10. Educational Qualifications: Class 10 onwards

Name of the Exam. Passed	Name of the board/University/Institute	Full Marks	Marks Obtained	% Of Marks	Division /Grade	Chances taken to Pass	Year of passing

11. Professional / Others Qualifications or Specifications:

Name of the exam. passed	Name of the Board/University/Institute	Registration Number	Full Marks	Marks Obtained	% Of Marks	Year of Passing

DECLARATION

I do hereby declare that all the statements given above by me are true and correct in all respect. If any statement found false at the time of examination/ interview or after my appointment then my candidature will liable to be cancelled or my service will terminate automatically.

Date:

Place:

.....
Signature of the candidate