

Kolkata City NUHM Society
5, S.N. Banerjee Road
Kolkata - 13

Write a phone
no. back side
of photo &
attached

Self Signature

Application Format for the post of Community Health Assistant (Urban) Female only.

1. Name in full (in capital letters):
2. Guardian's Name:
3. a) Date of Birth according to Madhyamik: ___/___/_____
Or equivalent examination certificate
b) Age as on 01.01.2022: ___ year.
4. Are you Physically Handicapped, write Yes or No:
5. Are you EX-Serviceman, write Yes or No:
6. Are you Meritorious Sports person, write Yes or No:
7. Caste Category: (UR/SC/ST/OBC-A/OBC-B) of West Bengal:
8. Postal Address (in Capital Letters) :
PO:....., District....., KMC Wards No....., Pin Code: 700__ __.
9. Permanent address (in capital letters):
PO:....., District....., KMC Wards No....., Pin Code: 700__ __.
10. Contact No:
11. Email Id :
12. Whether citizen of India, write Yes or No, (By birth/Registration):

13. Educational/Qualifications:

Name of the Exam	Name of the Board/University	Full Marks	Marks Obtained	% of Marks	Division/Grade	Chances taken to pass	Year of Passing

14. Professional / Other Qualifications or Specialization:

Name of the Exam	Name of the Board/University/Institute	Registration No	Full Marks	Marks Obtained	% of Marks	Year of Passing

15. 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.

Place :

Date :

Full Signature of the Candidate