

THE KOLKATA MUNICIPAL CORPORATION
Office of the Chief Municipal Health Officer
5, S. N. Banerjee Road, Kolkata - 700 013

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 01.01.2023: __ __ year.
4. Are you Physically Handicapped, write Yes or No:
5. Are you Meritorious Sports person, write Yes or No:
6. Caste Category: (UR/SC/ST/OBC-A/OBC-B) of West Bengal:
7. Postal Address (in Capital Letters) :
8. Permanent address (in capital letters):
9. Contact No:
10. Email Id :
11. Existing Employer Name (if any):
12. Joining Date of Existing Employer:

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 ANM/GNM/BSC Nursing	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