

National Health Mission

15th Finance BPHU

District Integrated Health & Family Welfare Society, Nagpur <u>APPLICATION FORM</u>



(All fields in the forms are mandatory to be filled. An incomplete form submitted will be treated as rejected.)

Name of Post Applied for: Name of Cadre: Name of Candidate: Father's / Husband's Name: Date of Birth (DD/MM/YYYY): Blood Group: Gender: (YES/NO) Category: Apply Category: Address (present): Address (present): State: Pin: Contact No: E-mail Id for Correspondence: Alternate E-mail Id for correspondence (If any): Typing & Computer proficiency: Academic/Professional Education Summary: (Starting from most recent) From (MM/YY) Prom (MM/YY) Degree/Diploma University/ Institute Name of Program: Apply Category: Apply Category											_
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Work / Experience Summary : (Staring from Current / most recent)

Sr. No.	From (MM/YY)	TO (MM/YY)	Organization	n Designation	Responsibilities (Min. 30 and Max. 50 Words)
				Months):	
Det	ails of Inter	nship / Wo	rkshops / Con	nferences / Trainings	Attended (If any) :
Dec	laration:				

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or I do not satisfy the eligibility criteria my candidature will be cancelled, without assigning any reason thereof. I have read the content of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for.

Place :	Name of Candidate :

Date: Signature:

Disclaimer:

The applicants are required to submit the duly filled application on or before the due date and time, failing which the application of the said applicant shall be treated as non-responsive. NHM shall not be responsible for late receipt or non-receipt of application/s for any technical reason or whatsoever. The applications received after due date and time shall not be considered.