

# APPLICATION FORM

Post Applied for		Photograph				
1. First Name: _____ Last Name _____						
2. Date of Birth: _____	3. Sex: _____	4. District of Domicile: _____				
5. Please mention if SC/ ST/ OBC/GEN: _____						
6. Present Contact Address with Telephone No: _____		7. Permanent Contact Address: _____				
8. Email Address: _____	9. Mobile No _____					
10. Languages spoken/written: _____						
11. Age as on 01.10.2018 _____						
12. Education: High school onwards, please list all your qualifications						
Degree (Starting from 10 <sup>th</sup> onwards)	Institute/Board & Location	Year	Marks			Full/Part Time/ Distance Learning
			Full Mark	Marks Secured	%	
13. Employment Record:						
Total years of experience : _____						

15/10/19

17/11/19

Enclosure:

1. *Prescribed Filled in application Form*
2. *No Objection Cum Experience Certificate from current employer.*
3. *Any identity proof (Voter ID Card / Adhar Card etc)*
4. *Photocopy of all academic certificates & Marksheet (Self Attested)*
5. *Photocopy of caste certificate issued by competent authority (Self Attested)*
6. *Recent 2 nos of Passport Size Photograph. (Self Attested)*

Full Signature of the Applicant with date

**Declaration:**

I do here by declared that the information furnished above are true to the best of my knowledge and belief and that, any stage, it is found that any of the above information is false/incorrect or suppressed by me, my candidature / engagement under District Health Society, Nabarangpur is liable to terminated.

Full Signature of the Applicant with date

R/W  
12/12

R/W  
12/12