



**The National Institute of Health & Family Welfare  
Baba Gang Nath Marg, Munirka, New Delhi-110067**

Recent Pass  
port size  
Colour photo

Name of the Project/ Programme: \_\_\_\_\_

1. Name of the post applied for : \_\_\_\_\_
2. Name of the candidate in full : \_\_\_\_\_(Hindi)  
: \_\_\_\_\_(English)
3. Father's Name : \_\_\_\_\_
4. (a) Address for correspondence : \_\_\_\_\_  
(b) Mobile phone No. : \_\_\_\_\_  
(c) Email address: : \_\_\_\_\_
5. Permanent Address : \_\_\_\_\_
6. Date of birth and present age : \_\_\_\_\_  
(as on date of interview)
7. Whether belongs to SC/ST/OBC : \_\_\_\_\_  
/ Minority / PWD (Please specify)
8. Educational Qualifications :

| Sr. No. | Qualification | Board / University | Year of passing | Max. Marks | Marks obtained | Percentage (%) |
|---------|---------------|--------------------|-----------------|------------|----------------|----------------|
|         |               |                    |                 |            |                |                |

9. Details of employment:

| Post held | Name of Deptt. / Organization | Salary drawing / drawn | From | To | Nature of duties performed |
|-----------|-------------------------------|------------------------|------|----|----------------------------|
|           |                               |                        |      |    |                            |

10. In case of Pensioner:

| Name of the Organization with full address | Post held | Scale of Pay / PB with Grade Pay | Amount of Basic Pension | Remarks |
|--|-----------|----------------------------------|-------------------------|---------|
|  |           |                                  |                         |         |

11. Any other relevant information: \_\_\_\_\_

12. Please link the self-attested copies of certificates in support of your educational qualification, experience, Date of Birth, Caste etc.

13. List of enclosures

(i) \_\_\_\_\_ (ii) \_\_\_\_\_ (iii) \_\_\_\_\_  
(iv) \_\_\_\_\_ (v) \_\_\_\_\_ (vi) \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the applicant  
Name: \_\_\_\_\_