APPLICATION FORM

Advertisement No. _____Date: ____

2	Post ap	Post applied for				Cnoos
3.	Name of Candidate Parentage					Space
4.						l for l
5.	Date of	Birth				photograph
6.	CategoryAddress			_		photograph
7.	Address	s	District	Block		
8.	Contact	t No				
9.	Details	of Qualification:				
Examination		Examining	Year of	Marks	Total	% age
passed		Body/ Board	Passing	obtained	Marks	
10th						
10+2						
Marks o	f all seme	esters write below ment	ioned columns (Techn	ical qualification req	uired for adv. pos	t)
Examin	ation	Examining	Year of	Marks	Total	% age
passed		Body/ Board	Passing	obtained	Marks	-
			G TOTAL			
10.	Date of	completion of qualifying	g degree /diploma			
11.	Charles and the second	ation Certificate				
12.	Documents enclosed:					
		STORY A WASHINGTON TO SEE THE	f)			
13.		reby declare that				
a)	The Sta	atements made in this a	application are true to t	the best of my know	ledge and belief.	
b)	I have	never been debarred fro	om appearing in any e	xamination/ intervie	W.	
c)	I have	never been arrested / p	prosecuted or involved	in any criminal cas	e registered by th	ne police or convicted by the
-I\	crimina	ii court.				
d)	I nave	undergone the degre	e from University he	ad-quarters and no	ot from the off-ca	ampuses which have beer
٥١	establis	sned by these Universiti	ies beyond their territo	rial Jurisdiction (In o	ase of Distance M	(abote)
e)	I undertake that any wilful concealment of the facts shall result in the cancellation of my candidature and the State Health Society may also debar me from applying for future selection. I shall accept the selection made by the selection					
	nealth	Society may also debar	r me from applying for	future selection. I sh	hall accept the sel-	ection made by the selection
Engle	Commi	ttee which will be bindin	ig on me			
Date:						
Place.						
lace_		_				
						Signature of applican
	Note: Th	e candidate acad to a				
	HOLE. TH	e candidate need to at	ttach documentary e	vidence (self attest	ed) along with the	ne application form.