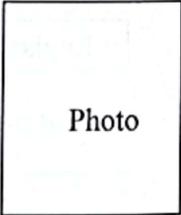


**National Health Mission
District Integrated Health & Family Welfare Society Jalgaon
Application Form**



Applied Post Name :				
Candidate Name:				
Father's /Husband's Name:				
Date of Birth (DD/MM/YYYY):	Gender: Male / Female	Existing NHM (Yes/No)	Religion	Original Cast & Category

Applying Post for which category (✓)

SC	ST	VJ - A	NT - B	NT - C	NT - D	SBC	OBC	SEBC	EWS	OPEN

Applying Parallel Reservation (✓)

Female	Ex Service man	Sport man	Project Affected	Part time Employee	Disabled Person (PH)

Address / Contact Details:

<p>Address & Pincode:</p> <p>Contact No:</p> <p>E-mail Id :</p>
--

Academic / Professional Education Summary:

From (MM/YY)	To (MM/YY)	Degree / Diploma	University / Institute	Final Year Total Marks & Obtained Marks	Final Year Percentage (%)

Registration Certificate (If Applicable)	Yes / No
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Demand Draft Detail

Name of Bank	DD No.	DD Date	Amount

Work / Experience Summary : (Starting from current / most recent)

Sr. No.	From (MM/YY)	To (MM/YY)	Organization	Designation	Responsibilities (Min. 30 and Max. 50 Words)
1					
2					
3					
Total Experience (In Years & Months):				Relevant Experience to the post applied (In Years & Months):	

Declaration:

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.

Name :

Place :

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/for any technical reason or what so ever. The applications received after due date and time shall not be considered.

Document to be attached with the application - 1) Application Form 2) Small Family Form - A 3) DD 4) LC / TC / BC 5) Cast Certificate 6) Marksheet regarding Education Qualification 7) Council Registration Certificate 8) Govt. Experience Certificate 9) Other 10) On the documents attached with the application page no. need to write.

प्रतिज्ञापन

नमुना अ

मी श्री / श्रीमती / कुमारी श्री ...
 यांचा / यांची मुलगा / मुलगी / पत्नी वय....
 ... वर्ष, राहणारयाद्वारे असे जाहीर करतो/
 करते की,

- १) मी या पदासाठी माझा अर्ज दाखल केलेला आहे.
- २) आज रोजी मला (संख्या) इतकी हयात मुले आहेत. त्यापैकी दिनांक २३ जुलै २०२० यानंतर जन्माला आलेल्या मुलांची संख्या आहे. (असल्यास जन्मदिनांक नमुद करावा.)
- ३) दिनांक २३ जुलै २०२० रोजी हयात असलेल्या मुलांची संख्या दोनपेक्षा अधिक असेल तर दिनांक २३ जुलै २०२० व तदनंतर जन्माला आलेल्या मुलांमुळे या पदासाठी मी अनर्ह ठरविण्यास पात्र होईल याची मला जाणीव आहे.

ठिकाण -

दिनांक - / /

सही/-