



National Health Mission, Zilha Parishad Dharashiv

Recruitment 2025-26 Adv.No.1

Application Form



Application for the post of -----

(All fields in the *mandatory to be filled Incomplete form submitted will be treated as rejected)

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Sign.Across

Exact Name of Post Applied for:						
Full Name of Candidate:						
Father's/Husband's Name:						
Date of Birth (DD/MM/YYYY):		Blood Group:		Gender:		
Marital Status:		Existing NHM Employee (Yes/No):		Nationality:		
Religion:		Applying Category:		Caste Certificate Attached (Yes/No):		
Original Category:						
Demand Drafts Details:						
Name of Bank:		DD Date: / /2024		DD Number:		DD Amount in Rs.
Address / Contact Details: (Name of the District and Pin code is compulsory)						
Address (Permanent): Taluka: District: State : Pin code: Mob.No. Email ID:			Address (Present): Taluka: District: State : Pin code: Alternate Mob. No. Alternate Email ID:			
Computer Proficiency:						
Academic / Professional Educational all Summary: (Starting form 10 th class)						
From (MM/YY)	To (MM/YY)	Degree / Diploma / Certificate	University / Board / Institute	Specialization / Subjects	Final Year Total Marks & Obtained Marks	Final Year Percentage %

Work / Experience Summary: (Starting from Current / Most Recent)

Sr.No.	From (DD/MM/YYYY)	To (DD/MM/YYYY)	Total (Year Month Days)	Organization	Designation	Responsibilities (Min.30 and Max.50 Word's)
1						
2						
3						
4						
5						

Total Experience (in Years & Months):

Details of Internship / Workshops / Trainings Attended (If any):

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 of 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:

Signature

Date: / /2025

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. National Health Mission 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.

प्रतिज्ञापत्र
नमुना अ

मी श्री/श्रीमती/कुमारी
श्री.....यांचा/यांची मुलगा/मुलगी/पत्नी वय
वर्ष, राहणार, याद्वारे असे जाहिर
करतो/करते की,

- 1) मी या पदासाठी अर्ज दाखल केलेला आहे.
- 2) आज रोजी मला(संख्या) इतकी हयात मुले आहेत. त्यापैकी दिनांक 23 जुलै 2020 यानंतर जन्माला आलेल्या मुलांची संख्या आहे (असल्यास जन्म दिनांक नमुद करावा)
दिनांक 23 जुलै 2020 रोजी हयात असलेल्या मुलांची संख्या दोनपेक्षा अधिक असेल तर दिनांक 23 जुलै 2020 व तदनंतर जन्माला आलेल्या मुलांमुळे या पदासाठी मी अनर्ह ठरविण्यास पात्र होईल याची मला जाणीव आहे.

ठिकाण :-

दिनांक :-

अर्जदाराचे नाव व स्वाक्षरी