



National Health Mission, Uttarakhand

DHFWS, Office of the Chief Medical Officer

District, Haridwar



APPLICATION FORM

1. Name of the Post Applied for:

2. Full Name of the Candidate:
(In Capital Letters)

3. Date of Birth:

Day

Month

Year

4. Gender: (Write '1' for Male, '2' for Female)

5. Marital Status:

6. Father's/Husband's Name:

7. Mailing Address (In Block letters):

.....

..... Pin Code:

Tel. No. : Mobile:

E.mail ID:

8. Nationality:

9. Academic/Professional Qualifications: (High School Onwards)

Qualification	Institute/University Name	Subjects	Year of Passing	Obtained Marks / Total Marks	%Age of Marks

Paste your recent
passport size
photograph

10. Work Experience (Attach Extra Sheets, if Required)

S.no	Name of the Organization/Institution	Designation	Duration	
			From	To

11. Any other relevant information:

12. Details of Enclosures: 1)

2)

3)

Note:

1. Please Enclose self Attested copies of all documents / Certificates for serial no. **3 (date of birth), 9 (Academic Qualification) & 10 (Work Experience)** with this application form.
2. Only Shortlisted candidates will be considered for interview..

Declaration

I _____ hereby declare that all the statements made in the application are true and complete to the best of my knowledge and belief. I also fully understand that if at any stage it is discovered that an attempt has been made by me to wilfully conceal or misrepresent the facts, my candidature may be summarily rejected or my employment may be terminated.

Date:

Signature of candidate

Place: