

**APPLICATION FORM FOR HIRING OF STAFF UNDER  
NATIONAL HEALTH MISSION, J&K.**

1. Post applied for \_\_\_\_\_
2. Name of Candidate \_\_\_\_\_
3. Parentage \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Permanent Address \_\_\_\_\_
6. E-mail/ Contact No. \_\_\_\_\_
7. Details of Qualification: (viz MBBS I/ II/ III/ IV)



Examination Passed	Board/University	Year of Passing	Marks Obtained	Total marks	%age
MBBS 1st Year					
MBBS 2nd Year					
MBBS 3 <sup>rd</sup> Year					
MBBS 4 <sup>th</sup> Year					
MBBS (Cumulative)					

8. Date of completion of internship \_\_\_\_\_
9. MCI/ State Medical council Registration No. \_\_\_\_\_
10. Experience if any:  
Duration \_\_\_\_\_ years \_\_\_\_\_ Months
11. District opted as per order of preference.  
a) \_\_\_\_\_ b) \_\_\_\_\_ (c) \_\_\_\_\_  
d) \_\_\_\_\_ e) \_\_\_\_\_

12. No. of Enclosures \_\_\_\_\_

13. I do hereby declare that

- I. The Statement in this application is true to the best of my knowledge and belief.
- II. I have never been debarred from appearing at any examination/ interview.
- III. I have never been prosecuted or involved in any criminal case registered by the police or convicted by the criminal court.
- IV. I shall accept the selection made by the selection committee, which will be binding on me.

I undertake that any willful concealment of the facts shall result in the cancellation of my candidature and debarring me from applying in future.

Signature of applicant.