



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 I/II/III/IV)



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

8. Date of completion of Degree _____
9. Experience if any:
Duration _____ years _____ Months
10. No. of Enclosures _____

11. 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