

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

* Company					- 1	
1.	Post applied for	r.			- 1	
2.	Name of Candidate					
3.	Parentage					
4.	Date of Birth_				- 1	
5.	Permanent Ad	dress			(In	
6.	E-mail/ Contact	ct No	De Marino y Bronno			
7.	Details of Qua	alification/Technical Qua	lification:			
E	xamination Passed	Board/University	Year of passing	Marks Obtained	Total marks	%age
8. 9.	Post Qualifica	letion of Qualifying Degre ation Experience: years_				
10.	Documents Enclosed: a) b) (c)					
	a)	b)		(c)		
	d)	e)				
12.	I do hereby do The Statemer I have never I have never	eclare that nt in this application is true been debarred from appea been prosecuted or invol the criminal court.	e to the best of	mination/intervie	ew.	olice or
IV. V.	I shall accept I undertake t	the selection made by the sel hat any willful concealme and debarring me from app	ent of the facts	shall result in th	nding on me. ne cancellation	n of my

Signature of applicant.