

GOVERNMENT OF WEST BENGAL
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH
Kalyanpur Satellite Township, Beside CWC Office, Asansol-713305,
Paschim Bardhaman

APPLICATION FORM AGAINST MEMO NO DHFWS/ASL/20-21/584 DATED 28.09.2020

To
The CMOH & Secretary
DH& FWS, Asansol
Paschim Bardhaman

Self Attested
Passport Size
recent photo

(To be filled in by the candidate in Block Letter)

1. Post Applied for:
2. Name of the Candidate:
3. Father's/Guardian's Name:
4. Date of Birth:(DD/MM/YYYY)
5. Age as on (date of Advertisement):
6. Caste & Categories: General/SC/ST/OBC-B/PH(Please Click)
7. Address for Communication:
C/O:
Vill/Town/Road:
P.O: P.S:
District:..... PIN:.....
8. Contact Number:
9. Driving license no. (If applicable):
10. Email ID:

11. Academic Qualification:

Sl No	Exam passed	Board/Institution/ University	Year of Passing	Marks Obtained	Total Marks	%of Marks

12. Professional/ Technical/ Computer Knowledge :

Sl No	Course Name	Institute Name	Affiliated By	Course Duration	Passing Year	Course Contains	%of Marks/ Grade

13. Experience in Govt Sector/ Private Organization (must have appointment letter and experience certificate):

Designation	Name of Organization	Govt/ Private	Duration		Total Experience
			From	To	

Declaration :

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and believe. If any information furnished or any part of it's found to be incorrect than I understand that my candidature is liable to be cancelled without any further information to me.

Date:

Place:

(Full Signature of the Applicant)