

Application No.:

(Space for office use only)

To
The Secretary
District Health & Family Welfare Samiti &
Chief Medical Officer of Health
Baharampur, Murshidabad,
PIN: 742101

Space for pasting
recent colour
passport size
PHOTOGRAPH
of the candidate
with his / her full
signature thereon.

Sub:- Application for the post of

1. Name in full (in BLOCK letter)

2. Sex (Put a tick) : Male Female

3. Father's Name :

4. Date of Birth : DD MM YYYY

5. Age (as on 01/01/2020)

6. Nationality 6a. Caste: (Gen/ OBC-A/ OBC-B/ SC/ST)

7. Email ID: :

8. Address for Communication :
Village / City :
Post Office :
Police Station :
District :
State : PIN Code.....

9. Permanent Address :
Village / City :
Post Office :
Police Station :
District :
State : PIN Code.....

10. Contact No. :

11. Essential Qualifications

Qualification	Year of Passing	University / Board /Institute	Total Marks	Marks Obtained	Percentage of Marks Obtained
Madhyamik					
Higher Secondary					
Graduation					
Other					



12. Special Qualifications

Qualification	Year of Passing	University / Board /Institute	Total Marks	Marks Obtained	Percentage of Marks Obtained
Diploma in Computer Application					
Bachelor in Computer Application					
Master in in Computer Application					
Diploma / MD Public Health/ Tuberculosis & Chest diseases					

13. Experience:-

Organization	Post	Govt. / Private / NGO	Duration of Working		
			From Date	To Date	Total Duration

14. List of Self-attested Photocopies- documents enclosed (No other document except mentioned below is required) [Put '✓' mark in box] :

Sl	Documents	Yes	No	Sl	Documents	Yes	No
1.	Candidates working any Govt. or Non-Govt. organization must attached NOC			2.	Voter I.D. Card / Aadhaar card for verification of Identity		
3.	Ration Card / Electricity bill for verification of residential Proof			4.	Mark-sheets & certificate of educational qualifications as per eligibility criterion		
5.	Mark-sheets & certificate of computers knowledge			6.	Caste Certificate (SC/ ST/ OBC)		
7.	Certificate of experiences duly issued by the appropriate authority			8	Certificate from State Medical Faculty of West Bengal must for LT/Tech. Supervisor		

DECLARATION:

I solemnly declare that (a) all statements made in this application are true, complete and correct; (b) Original documents will be produced on demand; (c) I understand that the concerned authority reserve the right to reject my candidature upon short listing of the candidates based on qualifications and experiences.

Place

Date

Signature of the Candidate in full

