



District Health & Family Welfare Samiti Diamond Harbour Health District

(Registered under West Bengal Act XXXVI of 1961 No. S / M / 1324 of 2014-15)

Diamond Harbour Health District, South 24 Pgs, Pin- 743331

Phone: 03174-256310, Fax: 03714-256311, e-mail Id: cmohdhd20@gmail.com

APPLICATION FORM AGAINST MEMO NO DH&FWS/DHHD/2967/20-21

DATED-23-02-2021

To
The CMOH,
Secretary, DH/FWS
Diamond Harbour HD

(To be filled in by the Candidate in **Block Letters**)

Self Attested Passport
Size Recent Photo

- 1 Post Applied for:
- 2 Name of the Candidate:
- 3 Father/Guardian's Name:
- 4 Date of Birth:/...../.....(DD/MM/YYYY)
- 5 Age as on 01-01-2021:
- 6 Caste & Categories: General / SC / ST/ OBC (Please Tick (✓))
- 7 Address for Communication:
C/O:
Vill/Town/Road:
P.O: P.S:
District: PIN:
- 8 Contact No.:
- 9 E-mail ID:
- 10 Academic Qualification:

SL No.	Exam Name	Board / Institution / University	Year of Passing	Total Marks	Marks Obtained	% of Marks

11 Professional / Technical / Computer Knowledge:

SL No.	Course Name	Institution Name	Affiliated By	Course Duration	Year of Passing	Course Contains	% of Marks/ Grade

12 Experience in Govt. Sector / Private Organization (Must Have Appointment Letter & Experience Certificate):

Designation	Name of Organization	Govt / Private	Duration		Total Experience	
			From	From	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 Candidate)**