

APPLICATION FORMAT

To,  
The CMOH & Secretary,  
District Health & Family Welfare Samiti,  
Jhargram

Paste recent  
Passport size  
photograph duly  
signed across

APPLICATION FOR THE POST OF \_\_\_\_\_

Sir,

In response to your advertisement notice no. \_\_\_\_\_ Date \_\_\_\_\_ for the post of \_\_\_\_\_, I prefer myself as a candidate. Details of my BIO-DATA is given below :

1. Name (IN BLOCK LETTERS) :

2. Father's Name :

3. Husband's Name (for married female) :

4. Date of Birth (DD/MM/YYYY) :

5. Sex :

6. Marital Status:

7. Caste / Category (Put Tick Mark) :

GEN  SC  ST  OBC-A  OBC-B  PH

8. Address (as mentioned in EPIC/ADHAAR) :

9. Mobile Number :

10. e-Mail ID :

11. Qualification Details :

Sl. No.	Qualification	Year of Passing	Board / University	Total Marks	Marks Obtained	Percentage
01	Madhyamik / Equivalent					
02	HS / Equivalent					
03	Graduation / Equivalent					
04	PG / Equivalent					
05	Others (give details)					

\*For Madhyamik calculate marks obtained except additional marks. For HS calculate marks obtained as best five subjects. For honours graduates calculate total marks & marks obtained only for Honours Subjects.

WS

12. Computer Knowledge details :

Sl. No.	Name of Institution	Year of Passing	Course Duration	Course Name & Modules Covered
01				
02				
03				

13. Experience Details :

Sl. No.	Details of employer (Organisation Name & Address)	Government / Non Government	Joining Date	Working Tenure (In complete Years)	Designation & JOB DESCRIPTION
01					
02					
03					
04					
05					

14. Enclosures :

- Admit of Madhyamik Pariksha (10<sup>th</sup> Class)
- All Marksheet (from Madhyamik onwards).
- All Certificate (from Madhyamik onwards).
- Address Proof (AADHAAR / Epic Card).
- Caste Certificate (if applicable).

15. Declaration:

I declare that the information furnished above are based on material records are true to the best of my knowledge and belief. I also understand that if any information furnished is found to be materially incorrect or incomplete my candidature is liable to be cancelled without any further information to me.

Place :

Date :

\_\_\_\_\_  
Full Signature of Applicant

WG