

National Health Mission  
Himachal Pradesh

Advertisement No. 102/2021

**APPLICATION FORM**

Name of Post applied for .....



**PERSONAL INFORMATION**

1. Name (in capital letters) .....

2. Father's/ Husband's Name .....

3. Date of Birth (dd/mm/yyyy) .....

4. Sex: Male  Female

5. Category: UR  SC  ST  OBC   
EWS

6. Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_

7. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

8. Email ID \_\_\_\_\_

9. Mobile No. \_\_\_\_\_

**ACADEMIC AND PROFESSIONAL QUALIFICATION**

Examination passed	Specific Stream/field	Year of Passing	Name of Board/University	Percentage

**EXPERIENCE, IF ANY**

Name of Institution	From	To	Total period

**Checklist for certificates to be scanned and sent along with application form through email:**

- a) Matriculation
- b) Graduation
- c) Post-Graduation
- d) Other relevant qualification (if any)
- e) Reserve Category and EWS certificate (wherever applicable)
- f) Experience Certificate (if any wherever applicable)

**DECLARATION**

I \_\_\_\_\_ (Name of candidate) do hereby solemnly affirm and verify that the above information given by me is correct and I understand and accept that providing false information deliberately, could result in termination of my services without any notice.

Place: \_\_\_\_\_

Signature of the candidate \_\_\_\_\_

Date: \_\_\_\_\_

Name ( \_\_\_\_\_ )