

APPLICATION FORM

Advertisement No.		Photograph				
Name of the post						
		Identity proof no:				
1.Applicant Name (in Capital) :						
2.Father's Name :						
3.Date of Birth :		4.Sex :		5.District of Domicile:		
6. Age as on 01.03.2022 :						
7. Please Mention if SC/SC/OBC/GEN						
8.Present Contact Address with Telephone No:						
9. Permanent Contact Address : .						
10. E-Mail id:			11.Mobile No:			
11. Languages spoken/written:						
12.Professional qualification details :						
Exam Passed	Name of Board or University	Year of Passing	Marks Excluding 4 th optional			Remarks
			Full Marks	Mark Secured	%	

13. Employment Record					
Total years of post qualification experience:					
14. Details of Employment: (Use separate sheets if required).					
Starting with your present employment, list in reverse order all the employments you have had.					
Name of the Employer	Post held	From Date	To date	Total Experience	
				Years	Month

Declaration: I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that, if at any stage, it is found that any of the above material information is false / incorrect or is suppressed by me, my candidature / appointment under Odisha State Health & Family Welfare Society (OSH&FWS), Odisha is liable to be rejected / terminated. I also declare that I have never been disengaged from service under the OSH&FWS, Odisha on administrative ground such as disobedience / poor performances/ misbehavior/ criminal activity etc.

Date:

Place:

Full Signature of the Applicant

Note:

1. The following documents are to be enclosed along with the application:
 - a. Two copies of passport size color self attested photographs. One copy of self attested photograph will however to affixed at the position in the application form.
 - b. Self attested photocopies of documents in support of age, qualification, experience etc.
 - c. Self attested photocopy of Identity Proof (Voter ID card / PAN card / Driving License / Adhar card / Passport).