

**NATIONAL HEALTH MISSION, HP,SHIMLA-9**

**APPLICATION FORM FOR THE POST of Lab. Technician in  
.....Distt., Himachal Pradesh.**

Recent passport size  
self attested  
photograph of  
candidate

**PERSONAL INFORMATION**

1. Name ( IN CAPITAL LETTERS): \_\_\_\_\_  
(Please underline surname)

2. Father's Name : \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_(attach proof)

Age as on 31<sup>st</sup> August, 2015: \_\_\_\_\_

4. I am a (tick one):

Indian Citizen with valid Himachal domicile

Indian Citizen without valid Himachal domicile

others

5. Sex :  Male  Female

6. Marital Status :  Married  Single

7. Permanent Address : Vill \_\_\_\_\_ PO \_\_\_\_\_ Tehsil \_\_\_\_\_

Distt. \_\_\_\_\_

8. Address for Correspondence: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact No (Mobile): \_\_\_\_\_ Email address: \_\_\_\_\_

**9. ACADEMIC QUALIFICATIONS (Matric and above)**

Date		Schools/Institutions Attended	Affiliation/ Recognition	Qualifications Obtained	Percentage (aggregate)/Grade
From	To				
		Matric			
		10+2 in science			
		Diploma/Degree in MLT/			
		Other (Specify)			

**10. OTHER QUALIFICATIONS / COURSES ATTENDED / AWARDS ATTAINED**

Date		Qualifications / Awards Obtained	Awarding Institution
From	To		

**11. EXPERIENCE**

Sr.No.	Name of Organization	From	To	Total

**12. Name & Registration No.of employment exchange. :** \_\_\_\_\_

**13. Detail of Fee in favour of the concerned CMO payable at** \_\_\_\_\_

i) Rs.200/- in case of UR candidate

ii) Rs.100/- in case of SC/ST/OBC

DD No./Date	Dated	Rs.	Drawn on

**14. LIST OF ENCLOSURES**

Self attested copies of

1. Matric certificate
2. 10+2 certificate
3. Diploma/B.Sc. in MLT pass out certificate
4. Experience.
5. Self addressed two envelope size 6"x11" duly stamped with Rs 5/-
6. Any other document.

**Declaration**

I -----(Name of Candidate) verify that the above information is correct to the best of my knowledge.

I understand and accept that providing false information deliberately could result in rejection of my application and later termination.

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

**Date**

**Signature of the Candidate**

**NATIONAL HEALTH MISSION, HP,SHIMLA-9**

**\_APPLICATION FORM FOR THE POST of Sr. Treatment Supervisor in  
.....Distt., Himachal Pradesh.**

Recent passport size  
self attested  
photograph of  
candidate

**PERSONAL INFORMATION**

1. Name ( IN CAPITAL LETTERS): \_\_\_\_\_  
(Please underline surname)

2. Father's Name: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_(attach proof)

Age as on 31<sup>st</sup> August, 2015: \_\_\_\_\_

4. I am a (tick one):

Indian Citizen with valid Himachal domicile

Indian Citizen without valid Himachal domicile

others

5. Sex :  Male  Female

6. Marital Status :  Married  Single

7. Permanent Address : Vill \_\_\_\_\_ PO \_\_\_\_\_ Tehsil \_\_\_\_\_  
Distt. \_\_\_\_\_

8. Address for Correspondence: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact No (Mobile): \_\_\_\_\_ Email address: \_\_\_\_\_

**9. ACADEMIC QUALIFICATIONS (Matric and above)**

Date		Schools/Institutions Attended	Affiliation/ Recognition	Qualifications Obtained	Percentage (aggregate)/Grade
From	To				
		Matric			
		10+2			
		Graduation			
		Other Specify			

**10. OTHER QUALIFICATIONS / COURSES ATTENDED / AWARDS ATTAINED**

Date		Qualifications / Awards Obtained	Awarding Institution
From	To		

**11. EXPERIENCE**

Sr.No.	Name of Organization	Number of Post	From	To	Pay	Total

12. Name & Registration No.of employment exchange. : \_\_\_\_\_

13. Detail of Fee in favour of the concerned CMO payable at \_\_\_\_\_

i) Rs.200/- in case of UR candidate

ii) Rs.100/- in case of SC/ST/OBC

DD No./Date	Dated	Rs.	Drawn on

**14. Detail of Motor Vehicle Licence(Two Wheeler)**

Licence No.	Date of issue	Valid up

--	--	--

### 15. LIST OF ENCLOSURES

Self attested copies of

1. Matric certificate
2. 10+2 certificate
3. Graduation degree
4. Experience.
5. Copy of Driving Licence.
6. Self addressed two envelope size 6"x11" duly stamped with Rs 5/-
7. Any other document.

### Declaration

I------(Name of Candidate) verify that the above information is correct to the best of my knowledge. I understand and accept that providing false information deliberately could result in rejection of my application and later termination.

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

**Date**

**Signature of the Candidate**