

NATIONAL HEALTH MISSION, HP,SHIMLA-9

APPLICATION FORM FOR THE POST OF FEMALE HEALTH WORKER INDISTRICT HIMACHAL PRADESH.

PERSONAL INFORMATION

Recent passport size
self attested
photograph of
candidate

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

2. Father's Name: _____

3. Date of Birth: _____(attach proof)

Age as on 15th October, 2015: _____

1. 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 with Science / Higher Secondary Part –I Pass			
		One and Half year training certificate as Female Health Worker from Govt. recognised institution			
		Registration Certificate from HP Nursing Council / concerned State			

10. OTHER QUALIFICATIONS / COURSES ATTENDED / AWARDS ATTAINED (Indicating computer literacy)

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. LIST OF ENCLOSURES

Self attested copies of

1. Matric with Science / Higher Secondary Part –I Pass
2. One and Half year training certificate as Female Health Worker from Govt. recognised institution Registration Certificate from Pharmacy Council of the State/ Centre Govt.
3. Latest category certificate of SC/ ST/ OBC/IRDP
4. Experience
5. Self addressed two envelope size 6"x11" duly stamped with Rs 5/-

15. Verification

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.

Date

Signature of the Candidate