

**APPLICATION FORM**  
**UNDER NRHM, ASSAM**



Name of position applied for : .....

Name of candidate (in block letters) : .....

Father's name : .....

Address for communication: C/o : .....

Vill./Town : .....

P.O. : ..... P.S. : .....

Dist. : ..... Pin code : .....

Phone no. : ..... E\_mail address : .....

Date of birth : .....

(According to H.S.L.C. Examination, copy of which should be enclosed)

Age (as on 01-01-2013) : Years..... Months .....Days .....

Language Known : .....

Educational qualification :

Academic	Name of College	Board/ University	Year of Passing	Grade/ Percentage
Graduation				
Post Graduation				
Any Others				

Technical qualification :

Academic	Name of Medical College	Board/ University	Year of Passing	Grade/ Percentage
MBBS				
Post Graduation				
Any Others				

Work Experience :

Sl. No.	Designation	Organization	Duration			Nature of Duties
			From	To	Total Exp.	

I hereby declare that all the statements made by me in the application form and information sheet are true and complete to the best of my knowledge and belief. I also understand that in case, any of my statements is found untrue during any stage of recruitment and thereafter, I shall be disqualified for the post applied for and I shall be liable for any penal action.

Date :

Place :

Signature of candidate

**In case of deputation**

The date of initial appointment as M&HO-1 under State Health Service, Assam :

Present Designation :

Qualification :

Department :

Total years of service :

Signature of candidate

Date :

Counter Signed by Joint DHS :