



National Health Mission
District Health Society, Wardha



Application Form

(All fields in the forms are mandatory to be filled, An incomplete form submitted will be treated as rejected)

Paste recent
passport size
photo here

Exact Name of Post Applied for :

Name : Name Middle Name Surname

Father's/Husband's Name :

Date of Birth: (DD/MM/YYYY) Blood Group: Gender: Male / Female

Marital Status		Existing NHM		Nationality:	Religion:	Applying Category	Applying Taluka
Unmarried	Married	Yes	NO		Category:		

Address/Contact Details: (Name of the District and Pin code is compulsory)

Address (Present):	Address (Permanent): (Write same of same as Present Address)
State: Pin Code: Contact No:	State: Pin Code: Contact No:
E-mail ID for Correspondence:	Alternate E-mail ID for Correspondence:(If any)

Languages Known: (Write "Y" / "N")	Marathi	Hindi	English	Others (Please Specify Below)

Computer Proficiency:

Academic/Professional Education Summary:(Starting from most recent)

Sr.No.	From (MM/ YY)	To (MM/ YY)	Degree/Diploma	University/ Institute	Specialization / Subject	Final Year Total Marks & Obtained Marks	Final Year Percentage
Post Graduation							
Graduation							
Other							

Permanent Registration No:

Work/Experience Summary:(Starting form current/most recent)

Sr.No.	From (MM/YY)	To (MM/YY)	Organization	Designation	Responsibilities (Min.30& Max.50 Words)
Total Experience (in Years & Months):				Relevant Experience to the post applied (in Years & Months):	
				Notice Period/Joining Time (Days):	

Details of Internship/Workshops/Conferences/Trainings Attended (if any)

Declaration:

I hereby declare that all statements mode in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or I do not satisfy the eligibility criteria my candidature will be cancelled, without assigning any reason the of. I have read the content of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for.

Name:

Place:

Date:

Signature**Disclaimer:**

The applicant are required to submit the duly filled application on or before the due date and time, falling which the application of the said applicant shall be treated as non-responsive. NHM shall not be responsible for late receipt or non receipt of applications for any technical reason or whatever. The applications received after due date and time shall not be considered.