APPLICATION FORM

Advertisement No.						P	Photograph					
Name	of the post						lc	lentity proof no:				
1.Applicant Name (in Capital) :												
2.Father's Name :												
3.Date of Birth :			4.Sex : 5.District of De			.District of	Domi	omicile:				
6. Age as on 01.08.2018 :												
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. Langua	ages spoken/writ	ten:										
12.Profess	ional qualificatio	n details	s :									
Exam Passed	Name of Board University		ear of assing	Mark Full	ks E O	s Excluding 4 th optional Mark		Remarks				
				Marks		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.											
Nome of the Employer	Post held	From Date	To date	Total Experience							
Name of the Employer				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).