Application for the post of _____ under National Health Mission

Name of the District	KUMURAM BHEEM ASIFABAD DISTRICT

Please Affix a recent Passport Size photograph

Name of the Candidate	
Father/Husband Name	
Date of Birth (SSC Certificate to be enclosed)	
Gender(Please Tick)	Male / Female
Community Status (Certificate to be enclosed)	SC/ST/BC(A)/BC(B)/BC(C)/BC(D)/BC(E)/EWC/OC
In case of BC Whether belongs to Non –Creamy Layer(Please tick)	YES / NO (Certificates to be enclosed for YES)
Whether Physically Handicapped	YES / NO (Certificates to be enclosed for YES)
Whether MCC Instructor	YES / NO (Certificates to be enclosed for YES)
In Case of Economically Weaker section (EWC)Whether relevant certificates issued by the Concerned Authority (G.O. Ms. No. 65-GA(Ser. D) dt. 19.03.2021)	YES / NO
Address For Communication	
Mobile No.	
Email Id.	

Details of School Education:

Class	Year of Education	Regular/private	Name of the school	District of the School
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Details of Qualifying Examination

Course	Year of Education	Year of Passing	Name of the college & District	Name of the University.

Details of Registration of qualifying Exam

Registration No.	Registration date	Name of the Council where Registered

Details of Marks in Qualifying Exam

Consolidated Total Marks of the Exam	Marks obtained by the candidate	Percentage (%) obtained/ grade obtained

DECLARATION

I hereby declare that all the details furnished by me in the above application are true and correct to the best of my knowledge and belief. If any misrepresentation or suppression of facts is noticed at any later date, my candidature/appointment shall be liable to be cancelled, and I shall be solely responsible for the same.

Dated: Signature of the candidate.

List of Enclosures (Xerox Copies certificated)

1)
2)
3)
4)
5)
6)
7)
8)
9)
10)