

**APPLICATION FORM**

Form No.		Afflix recent passport size photo in the box  Sign below
Applying for the post of		
(TO BE FILLED IN BLOCK LETTERS)		

1	Name of Applicant				
2	Father's Name				
3	Gender				
4	Tribe				
5	Date of Birth (DD/MM/YYYY)				
6	Contact Number				
7	Present Address				
8	Permanent Address				
9	Educational Qualification				
	<b>Level</b>	<b>Subject</b>	<b>University</b>	<b>Year of Passing</b>	<b>Percentage obtained</b>
	Bachelor's Degree				
	Master's Degree				
	Certificate courses (if any)				
10	Experience				
	<b>Position</b>	<b>Organisation</b>	<b>From</b>	<b>To</b>	

Certify that the information provided is true to the best of my knowledge.

Signature of Applicant

**Information to Applicants**

- Documents to be submitted: 1(One) self attested photocopy of HSLC Admit card, Educational qualification certificate: Bachelor's degree and above, ST & Indigeneous certificate, NoC from current employer
- 2 (Two) additional passport size photograph
- Lobbying of any kind shall result in automatic disqualification of candidature.
- Shortlisted candidates information shall be available in the Notice board of directorate of health & family welfare
- No application shall be accepted after the closing deadline: July 20, 2019 12:00 noon