



National Health Mission
District Health Society Raigad

APPLICATION FORM

Photo

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

Exact Name of Position applied for:				
Name:				
Father's / Husband's Name:				
Date of Birth (DD/MM/YYYY):		Blood Group:	Gender:	
Marital Status:	Existing NHM (Yes/No)	Nationality:	Religion: Category:	Applying for which category

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

Address (Present):	Address (Permanent): (Write Same if same as Present Address)
State:	State:
Pin:	Pin:
Contact No:	Contact No:
E-mail Id for Correspondence:	Alternate E-mail Id for Correspondence (If any):

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

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

Computer Proficiency:								
Typing Marathi 30 -words per minute :								
Typing English 40 words per minute :								
From (DD/MM/YY)	To (DD/MM/YY)	Degree / Diploma / Certificate Course	Full time/Part time	University/ Institute	Specialization / Subjects	Final Year total Marks	Final Year Obtained Marks	Percentage %

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

Sr. No.	From (DD/MM/YY)	To (DD/MM/YY)	Organization	Type of organization (Govt. /Semi Govt. Private/Ngo)	Designation	Responsibilities (Min. 30 and 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 made 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 thereof. 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 applicants are required to submit the duly filled application on or before the due date and time, failing which the application of the said applicant shall be treated as non-responsive. NHM Raigad shall not be responsible for late receipt or non-receipt of application/ s for any technical reason or whatsoever. The applications received after due date and time shall not be considered.

प्रतिज्ञापत्र
नमुना अ

- मी. श्री./श्रीमती/ कुमारी
श्री.....यांचा/यांचीमुलगा/मुलगी/पत्नी
वय वर्ष, राहणार ,.....
याद्वारे असे जाहिर करतो/करते की,
(१) मी या पदासाठी माझा
अर्ज दाखल केलेला आहे.
(२) आज रोजी मला (संख्या) इतकी हयात मुले आहेत.
त्यापैकी दिनांक २३ जुलै, २०२० यानंतर जन्माला आलेल्या मुलांची संख्या ..
...आहे. (असल्यास जन्मदिनांक नमूद करावा.)
(३) दिनांक २३ जुलै, २०२० रोजी हयात असलेल्या मुलांची संख्या दोनपेक्षा
अधिक असेल तर दिनांक २३ जुलै, २०२० व तदनंतर जन्माला आलेल्या
मुलांमुळे या पदासाठी मी अनर्ह ठरविण्यास पात्र होईल. याची मला जाणीव
आहे.

ठिकाण :

सही/-

दिनांक :-