## Application Form

Name of the Candidate	
Father/Husband Name	
Date of Birth (SSC certificate to be enclosed)	
Gender (Please tick)	Male / Ferriale
Applying for the post	
Community Status (Certificate to be enclosed)	SC / ST / BC (A) / BC (B) > BC (C) / BC (D) / BC (E) / OC
In case of BC Whether belongs to Non-Creamy Layer (Please tick)	YES / NO (Certificate to be enclosed for Yes)
Whether Physically Handicapped	YES / NO (Certificate to be enclosed for Yes)
Whether NCC Instructor	YES $f$ NO (Certificate to be enclosed for Yes)
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
4 <sup>th</sup>				
5 <sup>th</sup>				
6 <sup>tn</sup>				
7 <sup>tn</sup>				
10"				

2) 3)

Details of Registration of Qualifying Exam  Registration No.  Registration date  Details of Marks in Qualifying Exam  Consolidated Total Marks obtained by the Candidate  Details of Application Fee paid (Rsper candidate)  (Payable in the form of Demand Draftdrawn on)  District  Demand Draft No.  D.D. Date  Name of the Bank & Breazh  Details of Application Fee paid (Rsper candidate)  (Payable in the form of Demand Draftdrawn on)  District  Demand Draft No.  D.D. Date  Name of the Bank & Breazh  Details of Application, are true and conto the best of my knowledge. Any Misrepresentation suppression of facts by me, if noticed later date, will forfeit my right to appointment and I shall be responsible for the sam  Dated:  Signature of the Candidate	Course	Year of Education	Year of Passing	Name of the Colleg	e Name Of the University
Details of Marks in Qualifying Exam  Consolidated Total Marks obtained by the Candidate Marks of the exam Marks obtained by the Candidate Marks of the exam Marks of the exam Per candidate Grade obtained  Details of Application Fee paid (Rs. per candidate) (Payable inthe form of Demand Draft drawn on District  Demand Draft No. D.D. Date Name of the Bank & Branch  DECLARATION  I hereby declare that all the details provided by me in the above application, are true and cort to the best of my knowledge. Any Misrepresentation suppression of facts by me, if noticed later date, will forfeit my right to appointment and I shall be responsible for the same Dated:  Signature of the Candidate	Details of R	egistration of	Qualifying E	xam	
Details of Application Fee paid (Rsper candidate)	Registration N	0.	Reg	istration date	
Details of Application Fee paid (Rsper candidate) (Payable in the form of Demand Draft drawn on	Consolidated	Total	Marks ol	otained by the	Percentage (%) obtained
District  Demand Drafft No.  Demand Drafft No.  DECLARATION  I hereby declare that all the details provided by me in the above application, are true and conto the best of my knowledge. Any Misrepresentation suppression of facts by me, if noticed after date, will forfeit my right to appointment and I shall be responsible for the same Dated:  Signature of the Candidate			Cultulati		Grade obtained
DECLARATION  I hereby declare that all the details provided by me in the above application, are true and cort to the best of my knowledge. Any Misrepresentation suppression of facts by me, if noticed later date, will forfeit my right to appointment and I shall be responsible for the same Dated:  Signature of the Candidate					
I hereby declare that all the details provided by me in the above application, are true and conto the best of my knowledge. Any Misrepresentation suppression of facts by me, if noticed later date, will forfeit my right to appointment and I shall be responsible for the same Dated:  Signature of the Candidate	(Payable in the	olication Fee pa	nid (Rs and Draftdra	per candidate) wn on	
I hereby declare that all the details provided by me in the above application, are true and corto the best of my knowledge. Any Misrepresentation suppression of facts by me, if noticed later date, will forfeit my right to appointment and I shall be responsible for the same Dated:  Signature of the Candidate	District	form of Dema	nd Draft dra	wnon	
to the best of my knowledge. Any Misrepresentation suppression of facts by me, if noticed atter date, will forfeit my right to appointment and I shall be responsible for the same Dated:  Signature of the Candidate	District	form of Dema	nd Draft dra	wnon	
Dated: Signature of the Candida	District	form of Dema	nd Draftdra	ie Name of	
Signature of the Candida	District Demandi Dra  I hereby declare to the best of m	e that all the de	D.D. Da	CLARATION  ad by me in the above appresentation suppression of	the Bank & Branchh  plication, are true and corre
ist of Enclosures (Xerox copies of certificates)	Demandi Dra  I hereby declare to the best of mater date, will	e that all the de	D.D. Da	CLARATION  ad by me in the above appresentation suppression of	the Bank & Branchh  plication, are true and corre
	Demandi Dra  I hereby declare to the best of mater date, will	e that all the de	D.D. Da	CLARATION  and by me in the above appresentation suppression of the internal interna	the Bank & Branchh  plication, are true and corre

## ACKNOWLEDGEMENT TO CANDIDATE

Application for the post of Community Health Officers(CHOs)/Middle Level Health Pro- (MLHPs) is received from	viders
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Name of the Candidate

Father/Husband Name

Date of Acknowledgement

Signature

Seal