

District Health Society, Madhubani

Application Form

(To be filled in by the Candidate with Ball Point Pen in his/her own handwriting after carefully reading instructions mentioned in the Advertisement)

Affix recent
coloured
photograph here

Application for the post of

Demand Draft Details

Issuing Bank:

Branch:

Demand Draft Number:

Date of Issue:

Payable at:

Category: Unreserved/EBC/BC/SC/ST (tick mark whichever is applicable)

Name

Father's/Husband's Name
(Tick()whichever is applicable)

Date of Birth

Age (as on 31.05.2016)

Marital Status

Nationality

Category/Caste
(Tick()whichever is applicable)

Unreserved () Extremely Backward Class () Backward Class ()
Schedule Caste () Schedule Tribe () Backward Class(F) ()
Caste _____ (Specify) Handicapped Yes () No () % _____

Present Address

Permanent Address

Contact Number

Email ID

Academic background (Starting from highest)

Sl No	Qualification	School/Institute/University	Year of Passing	% of Marks/ Grade	Sub/Specialization
1.					
2.					
3.					
4.					
5.					

Technical Qualification (Starting from highest)

Sl No	Qualification	School/Institute/University	Year of Passing	% of Marks/ Grade	Sub/Specialization
1.					
2.					
3.					

Typing /Shorthand Speed (If applicable)

English

Hindi

Shorthand (Eng/Hindi)

English-

Hindi-

Trainings and workshops attended

Sl No.	Topic	Institution/ Organization	Year	Objective of the training/workshop
1.				
2.				
3.				
4.				

Work Experience (Starting from the latest) (Please enclose experience certificate)

Experience 1	From	
	To	
	Organization with its brief profile	
	Designation held	
	Brief profile of the Responsibilities held	
Experience 2	From	
	To	
	Organization with its brief profile	
	Designation held	
	Brief profile of the Responsibilities held	
Experience 3	From	
	To	
	Organization with its brief profile	
	Designation held	
	Brief profile of the Responsibilities held	

Total Experience (in Years/ Months)

Any other information that the candidate would like to give in support of his/her candidature

Declaration: I do hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief. In the event of any particulars or information furnished by me is found to be false/incorrect/incomplete, my candidature for the post is liable to be rejected/cancelled and in the event of any statement/information found false/incorrect even after my appointment, my contract is liable to be terminate without any notice.

Place: _____

Date: _____

SIGNATURE OF THE CANDIDATE

NOTE: THE SIGNATURE DONE ON THE APPLICATION FORM SHOULD BE IN RUNNING SCRIPT (NOT IN BLOCK LETTERS)