



## National Health Mission District Health Society Raigad APPLICATION FORM

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

Exact N	ame of Po	sitio	n applied	for:							
Name:											
Father's	s / Husban	nd's	Name:								
Date of	Birth (DD/	MM/	YYYY):			Blood Gr	oup:		Gender:		
Marital \$	Status:		Existing NHM (Yes/No)			Nationali	ty:		Religion: Category:		ring for category
Address	/ Contact	Deta	, ,	of the	District	and Pin co	ode is	compulsory)			
Address	s (Present)	):					Addr	ess (Permanent):	(Write Sam	e if same as	Present Addre
State: Pin: Contact	No						State Pin:	: act No:			
	d for Corre	espo	ndence:					nate E-mail ld for	Correspond	dence (If any)	<b>)</b> :
_	ges Knowi Y" / "N")	n:	English	Hindi	Marath	ni		Others (P	lease Spec	ify below)	
	/ Professi er Proficie		Education	n Sumn	nary: (Sta	arting fron	n most	recent)			
Typing M	arathi 30 -	wor	ds per min	ute :							
Typing E	nglish 40 v	word	ls per min	ute :							
From (DD/MM/YY)	To (DD/MM/YY)	Deg Cer	ree / Dipl tificate Co	oma / ourse	Full time/Part time	Universit Institute		Specialization / Subjects	Final Year total Marks	Final Year Obtained Marks	Percentage %
	1										

Work / Ex	perience	Summary:	(Starting	from	current /	most	recent)

Total Experience (In Years & Months):  Relevant Experience to the post applied (In Years & Months):	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):							
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Total Experience (In Years & Months):  Relevant Experience to the post applied (In Years & Months):							
	Tota	l Experience (In	Years & Months)	:			
Notice Period/Joining Time (Days):					Notice Period/Joining Time (Days):		

Details of Internship /	Workshops/Conferences/Traini	ngs Attended (If any):
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## 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.