## National Health Mission District Health Society Raigad APPLICATION FORM

(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): | Nationality: | Gender: <br> Religion: <br> Category: | Applying for <br> which category |  |  |  |  |
| Marital Status: | Existing <br> NHM <br> (Yes/No) |  |  |  |  |  |  |

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: <br> (Write " Y " / " $N$ ") | English | Hindi | Marathi | Others (Please Specify below) |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |

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


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

| Sr. <br> No. | From <br> (DD/MM/YY) | To (DD/(MM/YY) | Organization | Type of <br> organization <br> (Govt. /Semi <br> Govt. <br> Private/Ngo) | Designation | Responsibilities <br> (Min. 30 and Max. 50 Words) |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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.

