

# District Health Society, Bhojpur

## APPLICATION FORM

APPLICATION FOR THE POST OF :  
NAME :  
FATHER'S/HUSBAND' NAME :  
DATE OF BIRTH (dd/mm/yy) :  
Age (as on 01/05/2021) :  
EMAIL ID IN BLOCK LETTER :  
MARTIAL STATUS :  
NATIONALITY :  
PRESENT ADDRESS :  
PERMANENT ADDRESS :  
Sex :  
CONTACT NUMBER :  
Category :  
LIST OF ENCLOSURE : MATRIC CERTIFICATE, MBBS/GNM/ANM MARK SHEET,  
PASSING CERTIFICATE, DIPLOMA CERTIFICATE, ADHAR CARD, CAST CERTIFICATE, ALL ARE SELF ATTESTED

Affix passport size  
photo here

### ACADEMIC BACKGROUND(STARTING FROM HIGHEST

SL. NO.	QUALIFICATION	SCHOOL/INSTITUTE/UNIVERSTY	YEAR OF PASSING	TOTAL MARKS/ GRADE	MARKS/ GRADE obtained	% OF MARKS GRADE
1	MBBS/GNM/ANM					

**DECLARATION : I DO HERBY DECLARE THAT ALL THE STATEMENTS MADE IN APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BEHALF. IN THE EVENT OF ANY PARTICULARS OR INFORMATION FURNISHED BY ME A FOUND TO BE FALSE/INCORRECT/INCOMPLETE, MY CANDIDATURE FOR THE POST IS LIABLE TO BE REJECTED /CANCELLED AND IN THE EVENT OF ANY STATEMENT/IFORMATION FUND FALSE/INCORRECT EVEN AFTER ANY APPOINTMENT, MY CONTRACT IS LIABLE TO BE TERMINTED WHTOUT ANY NOTICE.**

PLACE :

DATE :

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SIGNATURE OF THE CANDIDATE