

APPLICATION FORMAT

Application Number

Space use for office use only

To
Chief Medical Officer of Health &
The Secretary, DH&FWS, Siliguri
Darjeeling

Space for pasting
recent passport size
colour photograph of
the candidate with
his/her full signature
thereon

Sub – Application for the post of _____
Against the Notification Number _____

1. Name in Full (in BLOCK Letter) - _____

2. Sex (Put a tick) -

Male

Female

3. Father's/ Mothers' Name - _____

4. Date of Birth – Date _____/ Month _____/ Year _____

5. Age (as on **01/04/2021**) _____

6. Reservation Status (Put a tick) -

UR

SC

ST

OBC(A)

OBC(B)

7. Nationality - _____

8. Address for Communication –

9. Permanent Address –

10. Contact Number - Landline (with STD Code) _____/ Mobile _____

11. Essential Qualification

Qualification	Year of passing	Subject(s)	University/ Board/ Institute	Total marks	Marks Obtained	Percentage of Marks Obtained

12. Preferential Qualification

Qualification	Year of passing	Subject(s)	University/ Board/ Institute	Total marks	Marks Obtained	Percentage of Marks Obtained

13. Experience –

Organisation	Post	Govt./ Private/ NGO	Duration of Work		
			From Date	To Date	Total Duration

14. List of Self attested Photocopies – Documents enclosed (NO other document except mentioned below is required (Put Tick marks in the box) –

Sl	Document	Yes	No	Sl	Document	Yes	No
1	One colour passport size photograph			2	Voter ID Card/ Aadhar card for verification of Identity		
3	Voter ID Card/ Ration card/ electricity Bill for verification of residential proof			4	Mark sheets & certificates of educational qualification as per eligibility criteria		
5	Mark sheets & certificates of computer knowledge			6	Driving License (Where Applicable)		
7	Certificate of experiences duly issued by the appropriate authority			8	Caste certificate, where applicable		

Declaration:

I solemnly declare that all statements made in this application are true, complete and correct. Original documents will be produced on demand. I understand that the concerned authority reserve the right to reject my candidature upon short listing of the candidates based on qualifications and experiences.

Place _____

Date _____

Signature of the Candidate in Full