

**APPLICATION FORM**  
 State Health Society  
 NATIONAL HEALTH MISSION, ~~INDIA~~ **UT CADAKH**

1. Post applied for: \_\_\_\_\_
2. Name of Candidate \_\_\_\_\_
3. Parentage \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Address \_\_\_\_\_  
 District \_\_\_\_\_, Block \_\_\_\_\_
6. E-mail/ Contact No. Mobile no:- \_\_\_\_\_
7. Details of Technical Qualification:



Examination passed	Examining Body/ Board/University	Year of passing	Marks obtained	Total marks	%age

8. Date of completion of qualifying degree \_\_\_\_\_
9. Post Qualification Experience :  
 Duration \_\_\_\_\_ years \_\_\_\_\_ Months
10. Documents enclosed:  
 a) \_\_\_\_\_ b) \_\_\_\_\_  
 c) \_\_\_\_\_ d) \_\_\_\_\_

11. I do hereby declare that

- a) The Statements in this application are true to the best of my knowledge and belief.
- b) I have never been debarred from appearing in any examination/interview.
- c) I have never been arrested / prosecuted or involved in any criminal case registered by the police or convicted by the criminal court.
- d) I have undergone the degree from University head-quarters and not from the off-campus which have been established by these Universities beyond their territorial jurisdiction (In case of Distance Mode).
- e) I undertake that any wilful concealment of the facts shall result in the cancellation of my candidature and the State Health Society may also debar me from applying for future selection.

I shall accept the selection made by the selection committee which will be binding on me.

Signature of applicant

**Note:** The candidates need to attach documentary evidence along with the application form, which supports the statements made in the form.