

**OFFICE OF THE DIRECTOR
DISTRICT HEALTH SOCIETY
SENAPATI**

Paste self-attested
recent Passport size
photograph (3.5cm x
5cm) with white
background.

Sl. No.....

(to be allotted by Office)

**APPLICATION FORM FOR ENGAGEMENT OF
CONTRACTUAL STAFF FOR COVID CARE CENTRE, DISTRICT HOSPITAL SENAPATI**

Name of post: (strike out whichever is NOT applicable)	DATA ENTRY OPERATOR
Roll No.: (to be allotted by Office)	

1	Name in full (in BLOCK letters): (as in essential educational qualification certificate)	
2	Date of birth (DD / MM / YYYY): (as in Class-X certificate)	
3	Age as on 31-JULY-2020 :	Years: Months: Days:
4	Gender (Male / Female):	
5	Caste (OBC / SC / ST / Others):	
6	Present Address :	
7	Permanent Address :	
8	Mobile Number : (for urgent matters)	
9	Language known	
10	Email ID:	
11	Name in full of Father/ Guardian/ Husband :	
12	Qualification	

Note: All fields are to be mandatorily filled by the applicant unless otherwise instructed.
to be continued in next page.

13. Details of required Educational Qualifications (HSLC/ Class-X onwards):
(*strike out whichever is NOT applicable*)

Examination Passed.	Name of Board / University.	Year of passing	Full Marks (full course)	Total Marks obtained(full course)	Percentage of Marks.
Class-X.					
10+2					
Diploma in Computer					

14. # Details of Work Experience:

Name of department	Number of completed months/years of work experience.

Check list of self-attested photo copies to be enclosed
(in the following order):

Please tick whichever is applicable.

1	Class-X Certificate (showing date of birth) & Marks Statement.	
2	Class- 10+2 Certificate and Mark sheet (showing marks obtained in all examinations)	
3	Diploma in Computer Certificate (showing marks obtained in all examinations)	
4	Caste Certificate& Residential Certificate	
5	Work Experience Certificate(s) (showing number of completed years of work experiences)	
6	2 self-attested Passport size Photographs (1 each to be pasted in Application form & Admit Card)	

15. **SELF DECLARATION:**

I,,
undertake and certify that the foregoing information is correct and complete to the best of my knowledge and belief; and I shall be responsible and may be prosecuted for willfully submitting wrong or fabricated information, if there is any.

Place:

Date:

Candidate Signature in full

**WALK IN INTERVIEW FOR ENGAGEMENT OF
CONTRACTUAL STAFF FOR COVID CARE CENTRE, DISTRICT HOSPITAL SENAPATI**

ADMIT CARD

Name of post applied:
(to fill up in BLOCK letters
by the Candidate)

DATA ENTRY OPERATOR

Paste recent self-
attested
passport size
photograph

(3.5 cm x 5 cm)

Roll Number :

(to be allotted by office)

Date & time of Interview :

Place of interview :

	First Name	Middle Name	Last Name
Name in full (in BLOCK letters):(as in essential educational qualification certificate)			
Date of birth (DD/MM/YYYY): (as in Class-X certificate)			
Caste (OBC/SC/ST/Others):		Gender(M/F):	
Present address:			
Mobile Number:			
Father's/ Guardian's name:			

Check list of **Original** documents to be produced during Interview: Please tick whichever is applicable.

1	Class-X Certificate&Marksheet (showing date of birth)	
2	Class- 10+2 Certificate and Marksheet (showing marks obtained in all examinations)	
3	Diploma in Computer Certificate (showing marks obtained in all examinations)	
4	Caste Certificate & Residential Certificate	
5	Work Experience Certificate(s) (showing number of completed years of work experiences)	

Signature of Issuing Authority
(FOR OFFICIAL USE ONLY)

Candidate Signature in full
(to be signed at the time of Form submission)