

**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)	<b>LAB TECHNICIAN</b>
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					
Lab Tech Course					

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	Lab Tech Certificate and Mark sheet (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 <b>self-attested</b> Passport size Photographs (1 each to be pasted in Application form & Admit Card)	

**14 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)

**LAB TECHNICIAN**

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	<b>Class-X Certificate&amp;Marksheet</b> (showing date of birth)	
2	<b>Class- 10+2 Certificate and Marksheet</b> (showing marks obtained in all examinations)	
3	<b>Lab Tech Certificate and Marksheet</b> (showing marks obtained in all examinations)	
4	<b>Caste Certificate &amp; Residential Certificate</b>	
5	<b>Work Experience Certificate(s)</b> (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)