

**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) | DRIVER |
| 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-VIII 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.
continued in next page.

to be

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-VIII. | | | | | |
| Others | | | | | |

14. # Details of Work Experience:

| Name of department | Number of completed months/years of driving experience. |
|--------------------|---|
| | |
| | |

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

Please tick whichever is applicable.

| | | |
|---|---|--|
| 1 | Class-VIII Certificate (showing date of birth& MarksStatement) | |
| 2 | Others | |
| 3 | Caste Certificate& Residential Certificate | |
| 4 | Valid Driving License | |
| 5 | Driving Experience Certificate(s) (showing number of completed years of driving 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:

Signature in full of the Candidate.

**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)

DRIVER

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-VIII 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-VIII Certificate (showing date of birth& MarksStatement) | |
| 2 | Others | |
| 3 | Caste Certificate & Residential Certificate | |
| 4 | Valid Driving License | |
| 5 | Driving Experience Certificate(s) (showing number of completed years of driving experiences) | |
| 6 | 2 self-attested Passport size Photographs (1 each to be pasted in Application form & Admit Card) | |

Signature of Issuing Authority
(FOR OFFICIAL USE ONLY)

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