## APPLICATION FORMAT ( USE BLACK/BLUE BALL PEN FOR FILLING UP THE APPLICATION )

To

The Chief Medical Officer of Health Member Secretary, District Health & Family Welfare Samity Babupara, Maya Talkies Road, Ward No-12, Affix a recent Passport size colour District-Alipurduar, Pin: 736121 Photograph West Bengal Application for the post of \_\_\_\_\_ 1. Name in Full (In Block Letters) :\_\_\_\_\_\_ 2. Name of the Father / Husband :\_\_\_\_\_ Date of Birth (DD/MM/YYYY) : 4. Age as on 01.01.2022 5. Sex (Please tick the suitable) Male Female 6. Nationality 7. Permanent Address District: \_\_\_\_\_ State: \_\_\_\_\_ Pin: 8. Present Postal Address P.S P.O. District: \_\_\_\_\_ State: \_\_\_\_\_ Pin: 9. Contact No 10. Email ID

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