

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,
District-Alipurduar, Pin: 736121
West Bengal

Affix a recent Passport size colour
Photograph

Application for the post of _____

1. Name in Full (In Block Letters) : _____

2. Name of the Father / Husband : _____

3. Date of Birth (DD/MM/YYYY) :

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4. Age as on 01.01.2022 : _____

5. Sex (Please tick the suitable) : Male Female

6. Nationality : _____

7. Permanent Address : _____

P.S. _____ P.O. _____

District: _____ State: _____

Pin: _____

8. Present Postal Address : _____

P.S. _____ P.O. _____

District: _____ State: _____

Pin: _____

9. Contact No : _____

10. Email ID : _____

11. Caste :

(Please enclose self attested
Photocopy of caste certificate)

12. Educational Qualification : (Self attested photocopies must be enclosed)

Sl. No.	Examination Passed	Year of Passing	Board / University	Total Marks	Marks Obtained

N.B: a. *In case self attested mark sheets are not attached with the application, the marks will not be considered*
b. *Total marks & marks obtained should be excluding additional subjects and should be in absolute numbers and not in percentage*

13. Computer Qualification :
(Please enclose self attested
Photocopy of computer certificate)

14. Details of Work Experience :
(Please enclose self attested photocopy of experience certificate clearly mentioning the period of work with monthly salary in the official letter head with signature, seal and date)

DECLARATION

"I hereby declared that all statements made in this application are correct to the best of my knowledge and belief and in the event of my information being found false my candidature is liable to be cancelled."

Place:

Date:

(Full Signature of the Applicant)