

**APPLICATION FORMAT (for Non CHA posts)**

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photo

Application for the post of \_\_\_\_\_  
Name (In block letters) : \_\_\_\_\_  
Father's/Husband's Name : \_\_\_\_\_  
Address (In details) : \_\_\_\_\_

Contact Number (Mobile) : \_\_\_\_\_  
Email Id : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_

Age as on 01-01-2022 :

Sex : \_\_\_\_\_

Caste (please tick on the right) : General / SC / ST/ OBC-A / OBC-B

Qualification (Attested copy must be submitted with the application)

Sl. No.	Educational Qualification	Year of Passing	Percentage of Marks (%)
01.	Secondary/Madhyamik or equivalent		
02.	Higher Secondary or equivalent		
03.	Graduation (BA/B.Com/B.Sc./ B.Sc. Nursing)		
04.	M.B.B.S Post Graduation (if any)		
05.	Post-Graduation degree/Diploma/GNM		
06.	Others (if any)		


Experience (Attested copy of appointment letter / experience certificate etc must be submitted):

- i.
- ii.
- iii.

I do hereby declare that, particulars furnished above are correct. In case it is found that the particulars furnished by me are found to be incorrect, my candidature to the selected post may be cancelled.

Place :  
Date :

\_\_\_\_\_  
Full name and Signature of Applicant



**APPLICATION FORMAT FOR THE POST OF  
COMMUNITY HEALTH ASSISTANT (URBAN) (FEMALE ONLY)**

**[N.B.: Application forms not properly filled in or incomplete Application forms are liable to be cancelled.]**

1. Name in full (in Capital letters):

\_\_\_\_\_

2. Guardian's Name:

\_\_\_\_\_

Space for pasting recent  
passport size photograph  
duly signed by the  
candidate

3. (a) Date of Birth according to Madhyamik  
or equivalent examination certificate

(b) Age as on 1.1.2022

: \_\_\_\_\_

: \_\_\_\_\_

4. (a)(i) Caste Category (UR/SC/ST/OBC-A/  
OBC-B of WB

: \_\_\_\_\_

(ii) Designation of issuing authority of the  
Caste Certificate (If any)

: \_\_\_\_\_

(b) Physically handicapped (Yes/No)

: \_\_\_\_\_

5. Corresponding address (in Capital letters) to which :

Communication should be sent (mentioning

Post Office, Sub-division, District, Pin Code)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Permanent address (in Capital letters)

: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Contact No.

: \_\_\_\_\_

8. E-mail ID

: \_\_\_\_\_

9. Whether citizen of India (Yes & No)  
(By Birth/ Registration)

: \_\_\_\_\_

10. Educational Qualifications: Class 10 onwards

Name of the Exam. Passed	Name of the Board /University /Institute	Full Marks	Marks obtained	% of Marks	Division/ Grade	Chances taken to pass	Year of passing

11. Professional / Others Qualifications or Specialisation:

Name of the Exam. Passed	Name of the Board /University /Institute	Registration Number	Full Marks	Marks obtained	% of Marks	Year of passing

**DECLARATION**

I do hereby declare that all the statements given above by me are true and correct in all respect. If any statement found false at the time of examination/ interview or after my appointment then my candidature will liable to be cancelled or my service will terminate automatically.

Date :

Place :

.....  
Signature of the Candidate