

**DISTRICT HEALTH AND FAMILY WELFARE SOCIETY, JIND FY 2024-25**

**APPLICATION FORM**

**For office use**

Receipt No.-----

dated-----

Total pages along with application form -----

**Important Instructions**

- Please read instruction given in advertisement carefully before filling in each column.
- Use only black/blue ball pen to fill the form. Please fill the form in capital letter.

**Application for the post :-** Advt. Sr. No. \_\_\_\_\_ Name of post \_\_\_\_\_

Category \_\_\_\_\_ Caste \_\_\_\_\_

1. **Aadhar no. of the candidate:** \_\_\_\_\_  
(Mandatory)

2. **Name of the candidate** : \_\_\_\_\_  
( In Capital letter)

3. **Father's Name** : \_\_\_\_\_  
( In Capital letter)

4. **Husband Name** : \_\_\_\_\_  
( In Capital letter)

5. **Sex** : \_\_\_\_\_

6. **Date of Birth** : \_\_\_\_\_  
(DD/MM/YYYY)

7. **Telephone / Mobile No.** : \_\_\_\_\_

8. **E-mail** : \_\_\_\_\_

9. **Permanent Address** : \_\_\_\_\_

\_\_\_\_\_ PIN CODE \_\_\_\_\_

10. **Correspondence Address** : \_\_\_\_\_

\_\_\_\_\_ PIN CODE \_\_\_\_\_

11. **Educational / Professional Qualifications :**

Examination Passed	Board/ University	Year of Passing	Maximum Marks	Marks Obtained	%age of marks	Division	Subject
10th							
10+2 / Vocational / Intermediate							

Affix Recent  
Colored  
Passport Size

Graduation							
Post Graduation							
Any other Course / Diploma etc							

12. Internship / Training (if any): Year(s)\_\_\_\_\_Month(s)\_\_\_\_\_Day(s) \_\_\_\_\_

Name of Institution / Organization	Designation	From	To	Total period

13. Total Experience: Year(s)                      Month(s)                      Day(s)

Name of Institution / Organization	Designation	From	To	Pay/Salary / Honorarium p.m.	Total period

14. Detail of document attached:-

- 1.----- 2.----- 3.----- 4.-----  
5.----- 6.----- 7.----- 8.-----  
9.----- 10.-----

15. Declaration : I hereby declare that

- All statements made in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, or ineligibility being detected before or after the interview/selection/appointment, my candidature may be cancelled and action can be taken against me by the department.
- I have read the provisions in advertisement of the omission carefully and I hereby undertake to abide by them. I fulfill all the conditions of eligibility regarding age limits, educational qualifications etc. prescribed in the advertisement and other relevant rules and instructions.
- I have never been convicted by criminal court.
- There is no court case pending against me.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

**Signatures of the Candidate**