## **APPLICATION FORMAT**

To, The CMOH & Secretary, District Health & Family Welfare Samiti, Purba Medinipur

APPLICATION FOR THE POST OF

Paste recent Passport size photograph duly signed accross

Sir,				_						
In	response to your advertisement notice	no			Date		for	the	post	of
		Post S	l. No l	prefer myself	as a candidate. De	etails of my	BIC	D-DAT	A is gi	/en
bel	ow:									
1.	Name (IN BLOCK LETTERS)	:								
2.	Father's Name	:								
3.	Husband's Name (for married female)	:								
4.	Date of Birth (DD/MM/YYYY)	:								
5.	Sex	:								
6.	Marital Status	:								
7.	Caste / Category (Put Tick Mark)	:	GEN	sc :	ST OBC-A	ОВС	-в [		РН	
8.	Address (as mentioned in EPIC/ADHAAR)	:								
9.	Mobile Number	:								
10.	e-Mail ID	:								

SI.	Qualification	Year of	Board / University	Total	Marks	Percentage
No.		Passing		Marks	Obtained	
01	Madhyamik / Equivalent					
02	HS / Equivalent					
03	Graduation / Equivalent					
04	PG / Equivalent					
	Others (give details)					
05						

<sup>\*</sup>For Madhyamik calculate marks obtained except additional marks. For HS calculate marks obtained as total of two compulsory languages and best three of rest subjects. For honours graduates calculate total marks & marks obtained only for Honours Subjects.

12. (	Comput	er Knowledge details :						
	SI. No.	Name of Institution	Year of Passing		Course Duration		Course Name & Modules Covered	
	01							
	02							
	03							
13.	Experie	nce Details :						
				Joining Date Working Tenure (In complete Years)				
	SI. No.	Details of employer (Organisation Name & Address)	Joining Date			Designation & JOB DESCRIPTION		
	01				-			
	02							
	03							
	04							
	05							
<u>Decla</u>	aration I do	hereby declare that particulars furnished	above are all co	rrect.				
Place	e :							
Date	:							
						Signatu	re of Applicant	