APPLICATION FORM

UT OF DADRA & NAGAR HAVELI AND DAMAN & DIU

NATIONAL HEALTH MISSION (DNH)

Name of Post applied for.....

Name of candidate (in block letters) .....

Father's name: .....

Address for communication:

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Phone no. : .....Mobile No.....

E-mail address : .....

Date of birth: .....(attested copy of valid Proof should be enclosed)

Age (as on 31/10/2020) Years..... Months .....Days.....

Category : ST / SC / OBC / Others (attested copy of valid Proof should been closed)

Domicile of D&NH : Yes / No. (attested copy of Domicile Certificate issued by Mamlatdar, Dadra and Nagar Haveli should be enclosed)

Language Known : .....

Marital Status: ☐ Married ☐ Unmarried

Educational Qualification :

Academic	Name of School/College	Board/ University	Stream/ Special Subject	Year of Passing	Percentage
H.S.C					
Diploma in					
Graduation in					
PG in					
Any other Please specify					

Work Experience :

Sr. No.	Designation	Organization	Duration			Nature of Duties
			From	To	Total Exp.	

I hereby declare that all the statements made by me in the application form and information sheet are true and complete to the best of my knowledge and belief. I also understand that in case, any of my statements is found untrue during any stage of recruitment and thereafter, I shall be disqualified for the post applied for and I shall be liable for any penal action.

Date:

Place: Signature of candidate

- Attested Copies of Relevant Certificate / Documents should be attached along with application form
- Incomplete or Unsigned Application will be rejected