

**THE NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
Baba Gangnath Marg, Munirka, New Delhi - 110067**

FORM OF APPLICATION

<p>APPLICATION SHOULD BE ACCOMPANIED BY A CROSSED INDIAN POSTAL ORDER/DEMAND DRAFT OF Rs.200/- (RUPEES TWO HUNDRED) PAYABLE AT NEW DELHI AS APPLICATION FEE. NO FEE FOR SC/ST/DIVYANGJAN/FEMALE CANDIDATE/DEPARTMENTAL CANDIDATES.</p> <p>Give details of the Indian Postal Order/Demand Draft below: 1. Name of the Post Office/Bank _____ 2. No. and Date _____ 3. Amount _____</p> <p>Note: 1. Application should be sent only in the prescribed format supported by self-attested copies of testimonials failing which the application will be rejected out rightly. 2. Fill up all the columns except those, which are not applicable.</p>	<p>AFFIX A RECENT PASSPORT SIZE PHOTOGRAPH</p>
---	--

1. (a) Post applied for: _____
(b) Date of advertisement: _____ (c) Sl. No. of post _____
2. Name in full: _____
(In Block Letters) First Middle Last
3. Father's/Husband's Name: _____
(In Block Letters)
4. (a) Date of Birth (in figure): _____
(b) Age as on **1/7/2021**: _____ Years _____ Months _____ days
(c) Whether claim for age relaxation:(Yes/No): _____
5. (a) Social Category: _____
(SC/ST/OBC/Divyangjan/GEN/Ex-Serviceman/EWS-Please attach attested photocopy of the certificate)
(b) (i) If Divyangjan (Nature of Disability): Locomotor Disability (**OA/OL/BL/OAL**)
(ii) Whether Ex-serviceman: _____ Date of Retirement _____
(Please attach attested photocopy of the certificate)
6. Gender (Male/Female) : _____
7. Marital Status: Married/Unmarried/Divorcee etc. (Strike out whichever is not applicable)
8. (a) Telephone No.(with STD Code): _____ (b) Mobile No. _____
(c) Email ID: _____
9. Nationality : _____
10. Religion : _____

11. Address for Correspondence: _____

 Pin Code: _____

12. Permanent Address: _____

 Pin Code: _____

13. Particulars of all examination passed and degree and technical qualifications obtained commencing from School Board or equivalent examination:
 (Please attach separate sheet, if required)

Examination/Degree	University/Board	Year of Passing	% age of marks/ Division	Subjects

14. Experience: (Please attach attested copies of the experience certificate) (please start with the latest).
 (Please attach separate sheet, if required).

Name of employer	Post held	Period		Pay Scale/Pay Band & Grade Pay with Basic Pay	Nature of work / duties
		From	To		

15. Name of the employment exchange and registration no. if any: _____

16. Stenography/Typing Speed, **where applicable**: English ___ w.p.m. Hindi ___ w.p.m. **(Pl. tick the option either Hindi OR English)**

17. Working knowledge of computer: (Yes/No): _____

18. Are you departmental candidate? (Yes/No): _____

If 'yes' give details: _____

19. Are you applying through proper channel: (Yes/No): _____

If 'yes' is this your advance copy? (Yes/No): _____

DECLARATION

I hereby declare that I am a citizen of India and all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I have never been convicted by any court of law and no criminal case is pending against me in any court of law in the country. My certificates can be got verified at any time from the issuing authority. In the event of any information being found false/incorrect or ineligibility being detected before or after the written test/skill test, my candidature will stand automatically cancelled.

Place:

Date:

(Signature of the candidate)

Name: _____

Certificate by Head of Department/Organization

(Applicable only to those candidates who are working in Govt./Semi. Govt./PSU/Autonomous Bodies and who are required to apply through proper channel).

1. Certified that Shri/Smt./Km. _____ is an employee of this deptt/office/organization. I have no objection to his/her application being considered for the post.
2. Certified that particulars of the officer/employee have been verified and found to be correct.
3. It is certified that no disciplinary proceedings are either pending and/or contemplated against the officer/employee. Integrity of the officer/employee is also certified.
4. Certified also that he/she submitted his/her application to the department/ office /institute /organization on _____ for onward transmission to the NIHFWS.

Date:

Signature of Head of Department
(with stamp)

Place:

Designation _____
(Ministry/Office stamp)

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Kumari _____ son/ daughter of
_____ of village/town _____ in
District/Division _____ in the State/Union Territory
_____ belongs to the _____ community
which is recognised as a backward class under the Government of India, Ministry of Social
Justice and Empowerment's Resolution No.

dated ____*. Shri/Smt./Kumari _____ and/or his/her family
ordinarily reside(s) in the _____ District/Division of the
_____ State/Union Territory. This is also to certify that he/she does not
belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the
Government of India. Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated
8.9.1993**.

District Magistrate
Deputy Commissioner etc.

Dated:

Seal

*-The authority issuing the certificate may have to mention the details of Resolution of
Government of India, in which the caste of the candidate is mentioned as OBC.

** - As amended from time to time.

Note:

- 1. The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.**
- 2. It is mandatory to be in the Central List of OBC failing which the application will be rejected out rightly.**

Annexure-I

Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

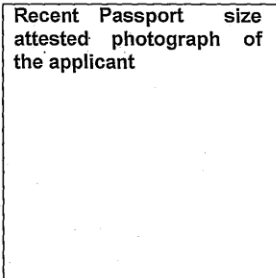
VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family'*** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____
Name _____
Designation _____



*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

G. Prasad