

NATIONAL HEALTH MISSION, HARYANA

Form No.....

(Rs. 200/- for Gen.
Rs. 100/- for Res. Cat.)

Application for the post of (S.No.) & Name _____

Applied in Category _____

1. Name of the Candidate :
2. Father's Name :
3. Husband Name :
4. Sex : Male/Female
5. Date of Birth (DD/MM/YYYY) :
6. Married : Yes/No
7. Caste :
8. Category to which belong : (General/SC/BCA/BCB/SBC/EWS etc.)
9. Form Applied for : Gen Reserved
10. Telephone/ Mobile No :
11. E-mail :
12. Aadhaar Number :
13. Home District :
14. Permanent Address :
-PIN CODE
15. Correspondence Address :
-PIN CODE

Paste recent
coloured passport
size photograph
attested from
Gazetted officer

16. Educational/Professional Qualification:

Kindly fill the total Marks obtained during Degree (eg Total Marks = 1st yr +2nd yr and so on

Examination Passed	Board/University	Year of Passing	Maximum Marks	Marks Obtained	%age of Marks	Division	Subject
10 th							

10+2/vocational/ intermediate							
MBBS							
MD Gyane/Paeds / Medicine/Chest & TB/ DGO/DCH/DTCD/ DNB in these speciality							
BAMS							
Post Graduation in Ayurveda							
D Pharmacy							
B Pharmacy							
M Pharma							
GNM							
BSC Nursing							
MSC Nursing							
Diploma in ANM							
Promotional Training of MPHS F /LHV Training course							
DMLT							
Ophthalmic Assistant Diploma							
Diploma or Certificate course of Dental Mechanic							
Graduation in Arts/science (BA/BSc)							
MA/MSC							
PhD							
Diploma in Computer application							
PGDCA							
BCA							
MCA							
For Block ASHA Coordinator Bachelor degree in Art having optional subject of Sociology/ Psychology / rural development							

Degree in Public Health Mangement							
Any other course / Diploma							

17. Total Experience: Year (s)..... Month(s)Day(s) (Govt/Semi Govt Only)

Kindly fill only relevant Post Qualification experience

Name of Institution/ organization	Designation	From	To	Pay/Salary/Honorarium p.m.	Total Period

18. NRHM Experience: Year (s)..... Month(s)Day(s)

Name of Institution/ organization	Designation	From	To	Pay/Salary/Honorarium p.m.	Total Period

19. Registration with Haryana State Council for Ayurvedic MO/Pharmacist/Staff Nurses/ANMs/MPHS F/Dental Assistant:

Name of Haryana State Registration Council	Registration No	Date/year

20. Detail of Document Attached:

- i. Matriculation Certificate
- ii. Degree/Diploma Certificate
- iii. Registration with Haryana state Council (Pharmacy/Nursing/Medical/Dental Assistant any other Technical)
- iv. Proof of Residence
- v. Proof of Category if any

- vi. Recent Passport Size Attested Photograph
- vii. Experience certificate (Govt/Semi Govt Only) if any
- viii. Any other certificate

21. Declaration: I hereby declare that

1. All the 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 defected before or after the interview/selection/appointment, my candidature may be cancelled and action can be taken against me by the commission.
2. I have read the provisions in advertisement of the omission carefully and I hereby undertake to abide by them. I fulfil all the conditions of eligibility regarding age limits, educational qualifications etc. prescribed in the advertisement and other relevant rules and instructions.
3. I have never been convicted by criminal court.

Date:

Place:

Signature of Candidate

For Office Use Only

Roll No of Applicant:

Name of Applicant:

Check List

S No	Certificates/Proof	Yes	No	Remarks
1	Date of Birth Proof (Matriculation Certificate)			
2	Residence Proof			
3	Caste Certificate			
4	Basic Qualification			
5	Higher Qualification			
6	Registration with Haryana State Council			
7	Experience Certificate			

Signature of Verifying authority