

**DISTRICT HEALTH AND FAMILY WELFARE SAMITI  
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH  
PATPUR ROAD, POST+DISTRICT-BANKURA, 722101**

**APPLICATION FORM**

**Application For the Post of-.....** Sl.No. of the post.....  
**Programme:-.....**

**To**  
**The Member Secretary & CMOH**  
**District Health & Family Welfare Samiti,**  
**Office of the CMOH**  
**Tamlibandh, Patpur Road,**  
**Bankura-722101**

1. **Name (CAPITAL LETTER)** : \_\_\_\_\_  
2. **Father's Name** : \_\_\_\_\_  
3. **Address for communication: C/O. (CAPITAL LETTER) :-** \_\_\_\_\_  
**Village/Town/Road:-** \_\_\_\_\_

**Post Office :-** \_\_\_\_\_  
**Police Station :-** \_\_\_\_\_  
**District :-** \_\_\_\_\_  
**Pin Code. :-** \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

4. **Date of birth (dd/mm/yyyy) :**

DD	MM	YYYY

5. **Age as on advertisement date :**

YY	MM	DD

6. **Marital Status** : **Married ( )**                      **Unmarried ( )**  
7. **Sex** : **Male: ( )**                              **Female: ( )**  
8. **Category (Tick)** :

GEN	SC	ST	OBC-A	OBC-B

9. **Contact No** :

10. **e-mail id if any (CAPITAL LETTER)** :

@

11. **Academic/Essential Qualification (Self attested copy must be submitted with the application):**

Sl. No.	Academic Qualification	Year of Passing	Name of the Board/Council/University	Subjects	Full Marks	Marks Obtained	Percentage (%)
(a)	Secondary						
(b)	Higher Secondary						
(c)	Graduation						
(d)	Post Graduation						

12. **Professional / Technical / Computer Knowledge :**

Sl. No.	Name of course	Name of Institute / Board / University	Year of passing	Duration of course	Subjects	Full Marks	Marks Obtained	Percentage (%) / Grade
(a)								
(b)								

**13. Working Experiences** (self attested photo copy of experience certificate etc. must be submitted):

Sl.N o.	Name of the Posts	Name of Organization	(Govt., / Pvt.)	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Total Duration		
						YY	MM	DD
1								
2								
3								
4								
5								
<b>Grand Total</b>								

**Enclosure:** Self attested photo copies in support of testimonials attached:

Sl. No.	Document (Self Attested cleared photo copy)	Name of the authentic documents (like Admit, Mark sheet, Voter Card etc.)	Documents Submitted Yes/No
1	Age Proof		
2	Residential Proof		
3	Caste Certificate		
4	Secondary passed along with mark sheet		
5	HS passed along with mark sheet		
6	Graduate passed along with mark sheet		
7	Post Graduate passed along with mark sheet		
8	Mark sheet, certificate on Computer / Technical /Professional Knowledge or qualification		
9	Experience Certificates		
10	Others if any		

**DECLARATION:**

I do hereby declare that the particulars furnished above are true, complete & correct to the best of my knowledge & belief. In the event of any information is found to be false or incorrect, my candidature/application shall liable to be cancelled by the authority without assigning any reason.

I also understand that the concerned authority having reserve the right to reject my candidature upon short listing of the candidate based on qualification, knowledge & experience as desired by the competent authority.

Place:

Date :

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 Full signature of the applicant