

APPLICATION FORMAT

Application for the post Hospital Attendance

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1. Name (Block letter) :-
2. Father's Name/Husband 's Name :-
3. Address (In details) :- Village/Town:.....
P.O: Pin:.....
Block : District:.....
4. Contact number (Mobile) :-
5. Email Id (mandatory) :-
6. Date of birth as on 01.01.2020 :-
7. Age :-
8. Sex :-
9. Caste :- Schedule Caste
10. Educational Qualification :-

Exam Passed	Board/Unive rsity	Full Marks	Marks obtained (Excluding marks of additional subject)	% age of marks	Year of passing
Class X					

Documents required (Xerox copy)

- Application as per proforma
- Admit card of Madhyamik Examination
- Mark sheet of MP,
- Residence Proof certificate
- Caste proof certificate (if need)
- Experience certificate

I declare that the information furnished above are true. I also understand that if any information furnished is found to be materially incorrect or incomplete my candidature is liable to be cancelled without any further intimation to me.

Dated :

Signature of Applicant