

Mark important date (please do not miss)

To:
The C.M.P.H.E Member Secretaries,
Dist. Health & Family Welfare Officer, D.Dinajpur

Application for the post of Staff Nurse, D.Dinajpur*

1. Name (IN CAPITAL Letter)

2. Father's / Husband's Name (IN CAPITAL Letter)

3. Gender: Male / Female / Others

4. Date of Birth

5. Caste

6. Present Address with Pin code (IN CAPITAL Letter)

7. Contact Number:

--	--	--	--	--	--	--	--	--	--	--	--

8. E-mail address:

9. Registration number:

10. Academic Qualification:

Sr.	Board/University	Exam Passed	Year of passing	Total Marks	Marks obtained	Percentage	Class / Division
1	Secondary						
2	H.S. (1992)						
3	100%						
4							

Declaration : I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. These conditions are acceptable to me and I fulfill these conditions. The details mentioned in the application are true and I shall furnish the necessary certificates in original whenever required. If any information / details found to be incorrect / false at any stage of the selection process or if any fact found to have been concealed by me or detected even after the appointment, my services may be terminated.

Date:

Place:

(Signature of the candidate)