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| अर्ज क्र.  कार्यालयीन वापर |

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| Clear recent passport size Photo |

National Health Mission, Dist. Mumbai

Year 22-23 (Advertisement No.01/2023 Publish **Daily Loksatta Date 25/02/2023**

Applying Post Name : ..........................................................................

( All fields in the forms are mandatory to by filled an incomplete form submitted will be treated as rejected )

|  |  |  |
| --- | --- | --- |
| Full Name :- | | |
| Date of birth   |  |  |  | | --- | --- | --- | | DD | MM | YYYY | |  |  |  | | Blood Group | Gender   |  |  |  |  | | --- | --- | --- | --- | | M |  | F |  |   Marital Status: |
| Age: | Existing NHM Employee (Yes / No)   |  |  | | --- | --- | |  |  | | Nationality : |
| Candidates Category : | Applying Category : | Cast Certificate Attached Yes/No   |  |  | | --- | --- | |  |  | |
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Address/Contact Details :- (Name of the District and Pin code is compulsory)

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| Address :  State :  Contact No. ............................................................... E-mail ID Correspondence ................................................ |

Academic/Professional Educational All summary : (Starting from most recent)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From  (MM/YY | To  (MM/YY | Degree /  Diploma | University / Institute | Specialization / Subjects | Final Year Total Mks | Final Year Obtained Mks | Final Year % | ATKT If any (yes/No) |
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Note-CGPA/Grade points conversion in % should be provided by candidate from respective university/college signed copy

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| List of Documents self - attested copy to be attached with Application:  1) Application form Duly filled in the prescribed format.  2) Small Family Certificate  3) Experience Certificate  4) Educational Certificate  5) Caste certificate & caste validity certificate  6) for age proof- School leaving certificate/10th passing certificate/Domicile certificate  7) computer proficiency - MS-CIT/DOEACC Course- for the post if applicable  8) others |

Work experience summary : (starting from current/most recent

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. No. | From  (MM/YY | To  (MM/YY | Total period in years & Months | Organization | Designation | Responsibilities (Min.30 & Max.50 words | Experience certificate Outword No & Date |
| Govt. Experience | | | | | | | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Semi Govt. experience | | | | | | | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Private experience | | | | | | | |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Total experience ( In Years & Months)  A) Government :  B) Semi government :  C) Private : | | | | Relevant Experience to the post applied  ( in Years & Months) :  A) Government :  B) Semi government :  C) Private : | | | |

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| --- | --- |
| Computer Proficiency : |  |
| Typing skill : | Marathi typing 30 w.p.m. (yes/No) :  English typing 40 w.p.m. (yes/No) : |
| Demand Draft : | No :........................... Date / /20 Bank Name : .............................................................. |

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| Declaration :  I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belier. I understand that in the event of any information being found untrue/false/incorrect of I do satisfy the eligibility criteria my candidature will be cancelled will be cancelled, without assigning any reason thereof. I have read the content of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for.  Name :  Place :  Date : Signature |

Disclaimer :

The applicants are required to submit the full filled application on the day of walk in interview

( Office use only )

Remark : ...................................................................................................................................

Name of Authority: .............................................................. Signature of Authority : .............................................