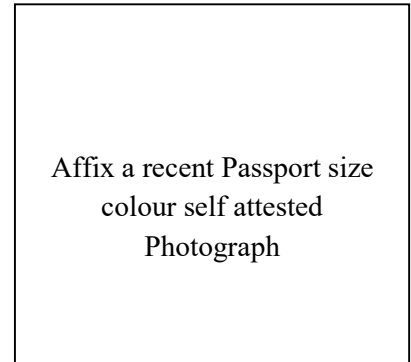


APPLICATION FORMAT
(USE BLACK/BLUE BALL PEN FOR FILLING UP THE APPLICATION)

To
The Chief Medical Officer of Health
&
Member Secretary, District Health & Family Welfare Samity
Alipurduar, Matri Sadan Building 1st Floor,
Ward No. XVI, New Alipurduar, Pin: 736121
West Bengal



Application for the post of _____

1. Name in Full (In Block Letters) : _____

2. Name of the Father / Husband : _____

3. Date of Birth :

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

4. Age as on 01.01.2016 : Yrs Months Days

5. Sex (Please tick the suitable) : Male Female

6. Nationality :

7. Permanent Address : _____

P.S _____ P.O. _____

District: _____ State: _____

Pin:

8. Present Postal Address : _____

P.S _____ P.O. _____

District: _____ State: _____

Pin:

9. Contact No : _____

10. Mail-Id : _____

11. Caste (Self attested xerox copy to be attached):

12. Educational Qualification : (Self attested photocopies must be enclosed)

| Sl. No. | Examination Passed | Year of Passing | Board / University | Total Marks | Marks Obtained | % of Marks |
|---------|--------------------|-----------------|--------------------|-------------|----------------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

13. Other qualifications:

14. Computer Qualification :
(Please enclose self attested
Photocopy of computer certificate)

13. Details of Work Experience :
(Please enclose self attested
Photocopies of work experience)

DECLARATION

“I hereby declare that all statements made in this application are correct to the best of my knowledge and belief and in the event of my information being found false my candidature is liable to be cancelled.”

Place:

Date:

(Full Signature of the Applicant)