## PRESCRIBED FORM FOR

## ${\bf STATE\ PROGRAMME\ EXECUTIVE/HR\ EXECUTIVE}\\ {\bf UNDER\ NRHM, ASSAM}$

Photo

Name	of post applied	d for:	•••••	•••••	•••••						
Name	of candidate (	in bloc	k letters) :	3		•••••					
Father	's name :										
Addre	ss for commu	nicatio	n:								
C/o:											
Vill./Town:											
	P.O.:										
Dist. :											
Pin code:											
Phone no.:											
E_mail address:											
Date of birth:  (According to H.S.L.C. Examination, copy of which should be enclosed)											
Age (as	s on 01-01-201	3): Yea	ars	]	Month	.s			Days		
Language Known:											
Educati	onal qualification	on:									
Academic		College/Institution		Board/University		Subjects		Year of Passing		Grade/Percentage	
H.S.L.C.											
H.S.											
Graduation											
Post Graduation											
Any Others											
Work E	experience :										
Sl.	Designation	on	Orgai	nization	From		Duratio			Nature of Duties	
No.							То	Total Exp.			
	I hereby declar	re that a	ll the staten	nents made by	y me in	the ap	plication	n form a	ınd inforn	nation sheet are true	

I hereby declare that all the statements made by me in the application form and information sheet are true and complete to the best of my knowledge and belief. I also understand that in case, any of my statements is found untrue during any stage of recruitment and thereafter, I shall be disqualified for the post applied for and I shall be liable for any penal action.

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Place: