PRESCRIBED FORM OF APPLICATION UNDER NHM, ASSAM

(Advertisement No. NRHM/Esstt/Adv/115/08-09/16129 dtd.06/12/2014)

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Name of post applied:
Name of candidate (In Block Letters):
Father's / Guardian's Name:
Address for Communication:
H. No
Vill. /Town:
P.O.:
P.S.:
Dist.:
Landmark:
Pin code:
Phone No.:
E_mail Address:
Date of birth:

General Qualification

Qualification	Course/ Exam	Name of Institution	Under Board/ Council/ University	Year of Passing
10 th				
10+2				
Graduation				
Post Graduation				
Others (if any)				

Work Experience:

7.

8.

	Organization	Designation	Duration of work			
Sl.			From	То	Total Experience (Year & Month)	Nature of Duties
belie		red that the above	e statemen	its are tr	ue to the best of my k	knowledge and
50110	••					

	It is hereby declared that the above statements are true to the best of my knowledge and belief.							
	Date:							
	Place: Signature of candidate							
Enclosers: 1.								
	2.							
	3.							
	4.							
	5.6.							
	U.							