PRESCRIBED FORM

for District Data Manager/ Block Programme Manager Staff Nurse/ Clinical Instructor under NRHM, Assam

Photo

Name of post applied f	or:	•••••	•••••			•••••	•••••		•••••	
Name of candidate (in	bloc	k letters) :					• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
Father's name:										
Address for communi	catio	on:								
C/o:			• • • • • • • • • • •	•••••			•••••			
Vill./Town:					•••••					
P.O.:										
Dist. :										
Pin code:										
Phone no. : E_mail address										
Date of birth:										
(According to H.S.L.C. E							••••••	•••••	•••••	
Age (as on 01-01-2013)	: Yea	ars		Months			Days	S		
Language Known:	•••••									
Assam Nurses' Midwiv	es' aı	nd HVC Rego	d. No. (for	GNM and	Clini	cal Instructor	only):			
Educational qualification	:									
Academic	Name of College Institution		Board/Universi		Subjects			Year of	Grade/ Percentage	
H.S.L.C.		msutuuon						Passing	Tercentage	
H.S.										
Graduation										
Post Graduation										
Any Others										
Work Experience:										
Sl. No. Organizatio	n Designat		tion		Duration			Natur	Nature of Duties	
				From	To		Total Exp.			
		11.4						<u> </u>		
I hereby declare and complete to the best untrue during any stage of liable for any penal action	of my	knowledge a	nd belief. I	also unde	ersta	nd that in ca	se, any of r	ny statem	ents is found	
Date:										