

APPLICATION FORM
District Health Society
NATIONAL HEALTH MISSION, KUPWARA

1. Post applied for. _____
2. Name of Candidate _____
3. Parentage _____
4. Date of Birth _____
5. Address _____
District _____, Block & _____
Sub Centre _____
E-mail/ Contact No. _____
6. Details of Qualification:



Examination passed	Examining Body/ Board/University	Year of passing	Marks Obtained	Total marks	%age

7. Date of completion of qualifying degree _____
8. Post Qualification Experience:
Duration _____ years _____ Months
9. Documents enclosed:
a) _____ b) _____
c) _____ d) _____
e) _____ f) _____
10. I do hereby declare that
 - a) The Statements in this application are true to the best of my knowledge and belief.
 - b) I have never been debarred from appearing in any examination/interview.
 - c) I have never been arrested / prosecuted or involved in any criminal case registered by the police or convicted by the criminal court.
 - d) I have undergone the degree from University head-quarters and not from the off- campuses which have been established by these Universities beyond their territorial jurisdiction (In case of Distance Mode).
 - e) I undertake that any wilful concealment of the facts shall result in the cancellation of my candidature and the State Health Society may also debar me from applying for future selection.
I shall accept the selection made by the selection committee which will be binding on me.

Signature of applicant.

Note: The candidates need to attach documentary evidence along with the application form, which supports the statements made in the form