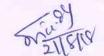


ZILLA SWASTHYA SAMITI, KALAHANDI APPLICATION FORM

| 01. Name of the Candidate (in Block Letter): 02. Father's/ Spouse Name: 03. Date of Birth: 04. District of Domicile: 05. Gender: 06.Catagory (SC/ST/SEBC/UR):- 07. Marital Status (Married / Un married) (Married / Un married) 7. Ex-servicemen / Sport person 10. Permanent Address: 11. Contact No / Mobile No: 12. Email Address: | 06.Catagory (SC/ST/SEBC/UR):- 07. Marital Status (Married / Un married) 08. Disa Ex- Spo 09. Present Address:- 10. Permanent Address:- 12. Email Address: 13. Regd. Number (ONC) If available: 14. Language Spoken / Written: 15. Academic and professional Qualification details: (High School on Passed The Board/ passing Full Marks (% of Passed) No. Passed The Board/ passing Full Marks (% of Passed) | Duration of Rema | 4 th | Marks (excluding optional) | vailable : ten : al Qualifi | ess: per (ONC) If a poken / Writtend profession Name of the Board/ | Email Addre Regd. Numb Language St Academic ar | 12. 13. 14. 15. sı. |
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| Name of the post applied for : 01. Name of the Candidate (in | 210011 200101). | | | | > | ouse Name: | | |
| | 01. Name of the Candidate (in Block Letter): | marian d | | | n | Candidate (in | | |
| | Name of the post applied for : | | | | Costos | t applied for | ne of the pos | Nam |



16. Experience Details (starting from present / last employment):-

| 10. 127 | Name of the Employer | Post Held | From date | To Date | Total Experience | |
|---------|----------------------|-----------|-----------|---------|------------------|-------|
| Sl. No | | | | | Year | Month |
| | | | | | | |
| | | | 1 | | | |
| | | | | | | |

- a. Total years of post qualification experience:
- b. Years of experience in the Development Sector / NGO:
- c. Years of experience in Government:

DECLARATION BY THE CANDIDATE

I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that , if at any stage , it is found that any of the above information is false / incorrect or is suppressed by me, my candidature / appointment is liable to rejected / terminated. I also declare that I have never been disengaged from service previously on administrative ground such as disobedience / poor performance / misbehavior / criminal activities etc.

Further, I undertake that I shall produce all original certificates / documents in support of the above information at the time of interview / certificate verification.

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Place:

Full Signature of the Applicant

Candidates are required to attach the following documents along with the application form.

- 1. One recent passport size colour photograph duly pasted at the designed space.
- 2. Self attested photocopy of Identity Proof (Voter ID card / PAN card / Driving License / Aadhar Card / Passport).
- 3. Self attested copies of All Mark sheet and certificate in proof of the claim made by the candidate relating to his/her educational qualification.
- 4. Self attested copy of HSC or equivalent marks sheet and certificate (proof of age)
- 5. No Objection Certificate for those Candidates, who are already working in Health Department either on regular or on contractual basis.
- 6. Self attested copy of Caste Certificate & Residence Certificate issued by the competent Authority within last 6 months.
- 7. Two self addressed envelope (Size 24" X 10") with postage stamp of Rs. 40/- affixed on it.