

APPLICATION FORM
State Health Society
NATIONAL HEALTH MISSION, J&K

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



Examination Passed	Examining Body/ Board/ University	Year of Passing	Marks Obtained	Total Marks	%age

8. Date of completion of qualifying degree: _____
9. Post Qualification Experience, if any :
Duration: _____ Years: _____ Months
10. Documents enclosed:
a) _____ b) _____
c) _____ d) _____

11. 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 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.