



13. Employment Record:					
Total years of post qualification experience :					
14. Details of Employment: (Use separate sheets if required).					
Starting with your present employment, list in reverse order all the employments you have had.					
Name of the Employer	Post Held	From date	To Date	Total Experience	
				Year	Month
15. Expected remuneration per month (Rs)					

**Declaration:** 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 material information is false/incorrect or is suppressed by me, my candidature/appointment in Zilla Swasthya Samiti, Nuapada (ZSS) Odisha is liable to be rejected/terminated. I also declare that I have never been disengaged under Health & Family Welfare Department, Govt. of Odish on administrative ground such as disobedience/Poor performances/misbehaviour/criminal activity etc.

**Date :**

**Place :**

**Full Signature of the Applicant**

**Note:**

The following documents are to be enclosed along with the application:

- Self attested photo copies of all documents in support of age, qualification, experiences etc.
- Two copies of passport size colour attested photograph. One copy of self attested photograph will however to affixed at the position in the application form.
- Self attested photocopy of Identity proof ( Voter ID Card/PAN card/Driving License/Adhar card/Passport)
- The candidate needs to email the filled in and signed application to nhmnuapada@gmail.com.