



**OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER
CUM DISTRICT MISSION DIRECTOR, NHM, NUAPADA
(DISTRICT PROGRAMME MANAGEMENT UNIT)**

(Email-nhmnuapada@gmail.com Phone No-06678225908)



Application Form

Advertisement No:		Photograph						
Name of the post applied for:								
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)	08. Person with Disability / Ex-servicemen / Sport person						
09. Present Address :-	10. Permanent Address :-							
11. Contact No / Mobile Number :								
12. Email Address :								
13. Regd. Number If available :								
14. Language Spoken / Written :								
15. Academic and professional Qualification details : (High School onwards)								
Sl.No	Exam Passed	Name of the Board/ University	Year of passing	Marks (excluding 4 th optional)			Duration of Courses	Remarks
				Full Marks	Marks secured	% of Marks		



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

Sl. No	Name of the Employer	Post Held	From date	To Date	Total Experience	
					Year	Month

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

Date :

Place :

Full Signature of theApplicant

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

- One recent passport size colour photograph duly pasted at the designed space
- Self attested photocopy of Identity Proof (Voter ID card / PAN card / Driving License / Aadhar Card / Passport).
- Self attested copies of All Mark sheet and certificate in proof of the claim made by the candidate relating to his/her educational qualification.
- Self attested copy of HSC or equivalent marks sheet and certificate (proof of age)
- No Objection Certificate for those Candidates, who are already working in Health Department either on regular or on contractual basis.
- Self attested copy of Caste Certificate & Residence Certificate issued by the competent authority.