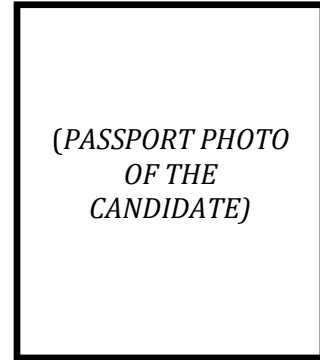


**GOVERNMENT OF NAGALAND  
STATE HEALTH AGENCY (AB PM-JAY)  
DIRECTORATE OF HEALTH & FAMILY WELFARE  
NAGALAND: KOHIMA**

APPLICATION FORM FOR Medical Officer

Ph. No.....



1. Name in full (in block letter) : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_  
(As per HSLC admit card)
4. Age ( as on 31.01.2022) : \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days
5. Educational qualification : (From Cl. 10 onwards).

Sl. No	Qualification	Institute with full address	Year of passing

6. Work Experience : (provide work experience certificate as proof)

Sl. No	Worked as (designation)	Worked at (Name of the Health institute/organisation)	Years of experience	
			Years	Month

7. NMC Registration number : \_\_\_\_\_
8. Name of the village : \_\_\_\_\_ District \_\_\_\_\_
9. Name of the tribe : \_\_\_\_\_
10. Permanent address : \_\_\_\_\_  
: \_\_\_\_\_
11. Present address : \_\_\_\_\_  
: \_\_\_\_\_

Date : \_\_\_\_\_  
Place : \_\_\_\_\_

(Signature of the Candidate)

Documents to be submitted:

1. Self-Attested Photocopy of NMC registration certificate/ Internship Completion certificate from the institute.
2. Self-Attested Photocopy of Indigenous/Schedule tribe certificate.
3. Self-Attested Photocopy copy of Birth Certificate.
4. Self-Attested Photocopy of HSLC /HSSLC/Degree and aggregate marksheets.

Terms and conditions:

1. In case of any dispute arising during the process; the decision of the Board shall be final. Lobbying of any kind shall result in automatic disqualification of candidature.
2. Last date of submission : 12: 00 Noon, **12<sup>th</sup> August 2022**
3. Shortlisted candidates information shall be available in the Notice board of Directorate of Health & Family Welfare and also published at <https://nagahealth.nagaland.gov.in/>