

DISTRICT HEALTH SOCIETY, NIRMAL DISTRICT

NOTIFICATION NO.144/2023, Date: 18.01.2023.

**RECRUITMENT OF SPECIALIST DOCTORS OBG (CEMONC CENTRES)/PEDIATRICIAN
(SNCU)/ MEDICAL OFFICER (BASTI DAWAKHANA) POSTS ON CONTRACT BASIS/
HIRING BASIS, Under NATIONAL HEALTH MISSION (NHM)**

APPLICATION FORM

Registration No:

(For office use only)

Post for which CEMONC SPECIALIST DOCTOR (OBG) /PEDIATRICIAN

Application made

1.	Name of the Candidate		Paste Photograph here and sign across by self						
2.a	Name of the Father								
2.b	Name of the Mother								
2.c	Name of the Husband (If married)								
3	Gender (Sex)								
4	Date of Birth								
5	Social Status (Please tick)	OC	BC - A	BC - B	BC - C	BC - D	BC - E	SC	ST
6	Whether physically handicapped (Please tick)	YES <input type="checkbox"/> NO <input type="checkbox"/>							
6 (a)	If yes please mention category (Please tick)	HH <input type="checkbox"/> OH <input type="checkbox"/> VH <input type="checkbox"/>							
7.	Whether Ex-Service man/woman (Please tick)	YES <input type="checkbox"/> NO <input type="checkbox"/>							

Details of School Education

CLASS	YEAR OF PASSING	DISTRICT IN WHICH STUDIED .
I		
II		
III		
IV		

V		
VI		
VII		

District to which candidate belongs as per presidential order:

Educational Qualifications:

QUALIFICATION	YEAR OF PASSING	NAME OF THE COLLEGE/ UNIVERSITY

Marks obtained in the Qualifying examination:

Qualifying Examination	Total Marks	Marks Obtained	% of Marks Obtained

ADDRESS PARTICULARS:

Name :
 Father/ Husband Name :
 House No. :
 Street :
 Village / Town :
 District :
 Pin :
 Working Contact Numbers :
 Working e-Mail ID :

DECLARATION

I, Sri./ Kum./ Smt. , S/o / D/o / W/o
 certify that above particulars furnished by me are correct to
 the best of my knowledge. I also agree that in the event of any of the particulars furnished
 in my application being found to be incorrect or false at a later date my candidature will
 be cancelled summarily.

Name and Signature
 of the candidate