## District Health & Family Welfare Society, Sonipat <u>APPLICATION FORM</u>

For Office									latest	
Roll. No	R	eceipt No		D	ate	<u>.</u>		1	Attes	
Advertisen	nent No.		1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				_		Photog	тарп
Application	n for the Post of									
Name of A	applicant:						_			
Father's N	ame:	1 2					-			
Husband's	Name (whereve	r applicable)	):				<u>.</u>			
Email Add	lress		- 1 -		Date of	Birth:				
Sex		_ Contact	No.(Mand	latory)_						
Aadhar No	0	1.5	Rese	rvation (	Category:					
	e and complete								12	
Name: Address Tehsil: District	s:						Pin C	ode		,
State:										
Educationa	al Qualifications:	-							0.11	-
Educational Year of Qualification Passing		Marks Obtained	1 1		Division	Name of Board/ University			Subjects	
10 <sup>th</sup>										
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4		7-								,
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		5.								
Evnerience										
Sr. No.			Designat	ion	From (Date)		To (Date)		Total period of Experience	
1.					<u>.</u>					
2.					-					
3.					J.					
4.										

De	tail of document attached: 1.	2.	- <u> </u>					
	3	4.						
	5	6.						
	7	8.						
Det	tails of Application Fees							
Ва	nnk Draft No.:-	Amount:-						
Na	ame of Bank:-	Date of Demand Draft:-						
De	claration: I hereby declare that							
1.	<ol> <li>All statements made in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, or ineligibility being defected before or after the Document Verification/selection/appointment, my candidature may be cancelled and action can be taken against me by the commission.</li> </ol>							
2.	I have read the provisions in advertisement of the omission carefully and I hereby undertake to abide by them. I fulfill all the conditions of eligibility regarding age limits, educational qualifications, experience etc. prescribed in the advertisement and other relevant rules and instructions.							
3.	I have never been convicted by criminal court							
D-4								

Place:

Signatures of the Candidate