NATIONAL RURAL HEALTH MISSION, HARYANA

	Applic	-		
1. 2. 3.	Name of the candidate Father's/Husband Name Sex		Male / Female	Paste Passport Size Photo Here
1.	Date of Birth (DD/MM/YYYY)			
5.	Category to which belong	;		<u> </u>
5.	Telephone / Mobile No.	:		_
7.	E-mail	;		_
3.	Permanent Address	:		
₽.	Correspondence Address	;	PIN CODE	
			PIN CODE	

10. Educational / Professional Qualifications:

Examination	Board/	Year of	Maximum	Marks	%age	Division	Subject
Passed	University	Passing	Marks	Obtained	of		
					marks		
10th							
10+2 /							
Vocational /							
Intermediate							
Graduation							
Post							
Graduation							
A .1							
Any other							
Course /							
Diploma etc							

11.	Internship / Training (if any): Ye	ar(s) Month	(s)	Day(s)				
	Name of Institution / Organization	Designation	Froi	From		То		Total period	
12.	Total Experience: Year(s) Month(s) Day(s)								
	Name of Institution / Organization	Designation	From	7	To Pay/S Hono			Total period	
						p.m	i.		ļ
13	Detail of document : attached								l
	attached								
14.	Declaration: I hereby declare that	ıt							
	1. 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 interview/selection/appointment, my candidature may be cancelled and action can be taken against me by the commission.								
	I have read the provisions in advert conditions of eligibility regarding a rules and instructions.	isement of the omission	n carefully and	d I herel	by underta	ke to abid	e by then	n. I fulfill all t	
	3. I have never been convicted by crim	ninal court.							
Dat	e:								
Plac	ce :		Sig	natur	es of the	Candid	late		