

National Health Mission, Chhattisgarh

4th Floor, Chhattisgarh Housing Board, Commercial Complex , (South East Corner),
Sector-27, Nawa Raipur, Atal Nagar, Raipur, Chhattisgarh, PIN No.-492015,
Telephone No. - 0771-2511280, Fax No.-2511285) E-mail: office.mdnrh@gmail.com

APPLICATION FORM

(All fields in the forms are mandatory to be filled. An incomplete form submitted will be treated as rejected.)

Exact Name of Position applied for:				Photograph
Name (CAPITAL LETTER):				
Father's / Husband's Name (CAPITAL LETTER):				
Date of Birth (DD/MM/YYYY):	Blood Group:	Gender:		
Marital Status:	Nationality:	Religion:		
Chhattisgarh Domicile : (Tick "√")	Yes	No		
Category : (Tick "√")	General	OBC	SC	ST

Address / Contact Details: (Name of the State and Pin code is compulsory)

Address (Present):	Address (Permanent): (Write Same if same as Present Address)
State:	State:
Pin:	Pin:
Contact No:	Contact No:
E-mail Id for Correspondence:	Alternate E-mail Id for Correspondence (If any):

Languages Known: (Write "Y" / "N")	English		Hindi		Others	
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Academic / Professional Education Summary: (Starting from most recent)

From (MM/YY)	To (MM/YY)	Qualification MD/PGMO/MBBS/ DNB	University / Institute	Registration No. of Nursing Council	Percentage / Grade

Work / Experience Summary: (Starting from current / most recent)

From (MM/YY)	To (MM/YY)	Organization	Designation	Responsibilities
Total Experience (In Years & Months):			Relevant Experience to the post applied (In Years & Months):	
Current / Last Monthly Fee (In INR):			Notice Period/Joining Time (Days):	

Disclaimer:

The applicants are required to submit the duly filled application on or before the due date and time, failing which the application of the said applicant shall be treated as non-responsive. NATIONAL HEALTH MISSION shall not be responsible for late receipt or non-receipt of application/s for any technical reason or whatsoever. The applications received after due date and time shall not be considered.

Declaration:

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or I do not satisfy the eligibility criteria my candidature will be cancelled, without assigning any reason thereof. I have read the content of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for.

Name:

Signature:

Place :

Date :