Advertisement No. 014/2017

NATIONAL HEALTH MISSION, HP,SHIMLA-9

APPLICATION FORM FOR THE POST OF DISTRICT COORDINATING ASSISTANT(ASHA) HIMACHAL PRADESH. (Post Code 225)

Recent passport size self attested photograph of candidate

PERSONAL INFORMATION

1. Name (IN CAPITAL LETTERS): _____

   (Please underline surname)

2. Father's Name: _____

3. Date of Birth: _____(attach proof)

   Age as on 30.11. 2016:_____

4.I am a (tick one):

☐ Indian Citizen with valid Himachal domicile   ☐ Indian Citizen without valid Himachal domicile

☐others

5.Sex   :   ☐ Male   ☐ Female

6.Marital Status   :   ☐ Married   ☐ Single

7.Permanent Address : Vill_____ PO_____ Tehsil _____

Distt. _____

8. Address for Correspondence:

_____

_____ Postal Code: _____

Contact No (Mobile): _____ Email address: _____

9.Category: _____,   _____,   _____

10.. ACADEMIC QUALIFICATIONS (Matric and above)

Date		Schools/Institutions Attended	Qualification Obtained	Marks Obtained	Percentage (aggregate)/Grade
From	To				

(Photostat copy of each standard must be attached with this form)

11. OTHER QUALIFICATIONS / COLLEGE ATTENDED / AWARDS ATTAINED (Indicating computer literacy also)

Date		Qualifications / Awards Obtained(with %)	Awarding Institution
From	**To**		

12. EXPERIENCE (Where required)

Sr,No.	Name of Organization	From	To	Pay	Total period

13. **Name & Registration No. of employment exchange**. :_____

14. **Detail of Fee {non-refundable} in favour of the MD, NHM, HP payable at Shimla**

   i) Rs.100/- OBC candidates

DD No./Date	Dated	Rs.	Drawn on

15. **LIST OF ENCLOSGENES**

   Self attested copies of

   1. Matriculation
   2. +2 examination
   3.Graduation Degree in any stream with mark sheet (all semester/year)
   4. Experience certificate (if any)
   5. Certificate of PGDCA or one year Computer Course
   6. Self addressed two envelope size 6"x11" duly stamped with Rs 5/-

16. **Verification**

I-----------------------------(Name of Candidate) verify that the above information is correct to the best of my knowledge. I understand and accept that providing false information deliberately could result in rejection of my application and later termination.

Date   **Signature of the Candidate**