

## NATIONAL HEALTH MISSION,HIMACHAL PRADESH-9

Advertisement No. 001/2020

### APPLICATION FORM

For the posts of Epidemiologist, Entomologist and Consultants Under National Health Mission, HP Shimla on contract basis

#### PERSONAL INFORMATION

Space for  
passport  
photograph

1. Name (in Capital letters) : \_\_\_\_\_

2. Father's/Husband's Name : \_\_\_\_\_

3. Date of Birth (dd/mm/yyyy): \_\_\_\_\_

4. Sex Male  Female

5. Category: UR:  SC:  ST:  OBC  Ex.Man

5. Address for Correspondence: \_\_\_\_\_  
\_\_\_\_\_

6. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Email ID and Mobile No. \_\_\_\_\_

**Academic and Professional Qualification**

Institution	Affiliation/ Recognition	Qualification acquired	Marks obtained (%)

**Experience,if any**

Name of Institution	From	To	Total period

**Checklist for certificates to be scanned and sent along with application form through email:-**

- I. Matriculation
- II. Graduation
- III. Post graduation
- IV. Reserve category certificate (Where applicable)

**DECLARATION**

I \_\_\_\_\_(Name of Candidate) do hereby solemnly affirm and verify that the above information given by me is correct and I understand and accept that providing false information deliberately, could result in termination of my services without any notice.

Signature of the candidate: \_\_\_\_\_

Place:

Date:

Name (\_\_\_\_\_)