

**APPLICATION FOR REGISTRATION IN THE PANEL FOR DEPUTATION OF DISTRICT
PROGRAMME MANAGERS (NHM)**

1.	Name (in Block letters)	
2.	Present Designation and Office Address	
3.	Date of Birth	
4.	Qualification (General)	
5.	Qualification (Special if any)	
6.	Date of Entry in service	
7.	Experience	
8.	Pay and Scale of pay	
9.	Choice of Districts:	1. 2. 3.

- Detailed CV to be attached along with the application.

Place:

Name & Signature:

Date:

(Signature with seal)

(Signature with seal)

District Medical Officer (Health)

Director of Health Services