



APPLICATION FOR VARIOUS POSTS ON CONTRACT BASIS UNDER DISTRICT HEALTH & FAMILY WELFARE SOCIETY – AROGYAKERALAM KOZHIKODE

(Fill up in block letters)

| | | |
|---|--|---------------------------------|
| | | Passport size photograph |
| 1 | Name of the post applied (Please see the notification) | |
| 2 | Name of the Applicant | |
| 3 | S/o, D/o, W/o. | |
| 4 | Present Address with District & PIN Code | |
| 5 | Mobile No & Land Phone No | |
| 6 | E-mail ID | |
| 7 | Date of Birth | |
| 8 | Gender | |

9. Educational Qualifications.

| Sl No | Qualification | Board/ University/ Department with Name of state | Name of the Institution Studied | Year of Passing with Registration No |
|-------|------------------------------------|--|---------------------------------|--------------------------------------|
| 1 | SSLC / 10 th STD | | | |
| 2 | PDC/+2/VHSC/12 th STD | | | |
| 3 | Degree/Diploma(Specify Here) | | | |
| 4 | PG/PG Diploma(Specify Here) | | | |
| 5 | Other Qualifications(Specify Here) | | | |

10. Work experience if any; (in applied post)

| Sl No | Post/ Category | Name of institutions working/worked (specify govt/pvt.) | Working period | | Duration of experience | |
|-------|----------------|---|----------------|----|------------------------|-------|
| | | | From | To | Year | Month |
| 1 | | | | | | |
| 2 | | | | | | |

(Self-attested copies of all relevant documents with respect to qualification, age, address and experience should be attached)

Declaration

“I hereby declare that the information given above is true and correct to the best of my knowledge”

Date: _____

Signature of the Applicant

Verified original certificates and found correct.

District Programme Manager