

Application for various posts on contract under District Health & Family Welfare Society, National Health Mission, Kannur (As per Notification No.DPMSU-KNR/612/CDE01/2016, Dt.27.03.2017).

(Fill up in Block Letters)

| | | |
|---|--|--|
| 1 | Name of Post applied (please see notification) | |
| 2 | Name of the Applicant | |
| 3 | S/o, D/o, W/o. | |
| 4 | Present full home address with district and PIN. | |
| 5 | Mobile No.& Land Phone No. | |
| 6 | E-mail ID | |
| 7 | Date of Birth | |
| 8 | Sex (Male/Female) | |

9.Educational Qualifications acquired.

| Sl. No. | Qualification | Board/University/Dept. with name of state | Name of institution studied | Year of passing with Reg. |
|---------|-------------------------------------|---|-----------------------------|---------------------------|
| 1 | SSLC/10 th Std.** | | | |
| 2 | PDC/+2/VHSC/12 th Std.** | | | |
| 3 | Degree/Diploma (specify here) | | | |
| 4 | Other qualifications (Specify) | | | |
| | | | | |

(Photo copies of certificates/documents should be attached)

10. Previous experience, if any (in the applied post).

| Sl. No. | Post/Category | Name of institution working /worked (Specify Govt/Private) | Working period | | Duration of experience | |
|---------|---------------|--|----------------|----|------------------------|-------|
| | | | From | To | Year | Month |
| | | | | | | |
| | | | | | | |

(Photocopies of Experience certificates should be attached)

Date:

Signature of the Applicant

Verified original certificates and found correct.

DPM