

NATIONAL HEALTH MISSION-AROGYAKERALAM, KOTTAYAM

Bio Data

Name of the post		
1	Name (in Block Letters)	Passport size photograph duly attested by the candidate.
2	Age & Date of birth	
3	Religion & Caste	
4 a	Present Address for Communication with Pin Code	
4 b	Permanent address	
5	Phone No.- Mail ID	
6	Educational Qualifications with year of passing and % of marks obtained in the qualifying examination (Copies should be submitted)	1 2 3
7	Experience - (Copies should be submitted)	

Declaration

I here by declare that the information given above is true to the best of my knowledge.

Place:

Date:

Signature of the candidate

(For Office Use only)

Certificate Verified : Yes / No

Qualification Adequate : Yes / No

Date :

Signature of verification officer