National Health Mission
ആരോഗ്യകേരളം
പത്തനംതിട്ട

BIODATA

Post applied for

Notification No.
of post applied

Name (as per Aadhar in Block letter)

Name (as per Bankin Block letter)

Age

Date of birth(dd-mm-yy)

Gender   Male ☐   Female ☐   Third Gender ☐

Religion & Caste

Guardian

Relationship with Guardian

Marital status   Married ☐   Unmarried ☐   Widow/widower ☐   Divorced ☐

Languages known

Address for communication with pin code (in Block Letters)

Permanent Address with pin code(in Block Letters)

Phone/Mobile No.

Email

Blood Group

Aadhar no.

Educational Qualifications:

Qualification	Name of the Institution	Name of the University / Board	Total % marks	Year of Passing
SSLC / 10th				
PDC / 12th				
Graduation in				
Post-graduation in				
Any other degree (mention in detailed)...................				
Technical Qualification..............				

Work experience:

Period		Organisation	Designation	Job responsibilities
From	To			

<u>DECLARATION</u>

I hereby declare that the above mentioned details are true and correct to the best of my knowledge.

Name & Signature with date

Checklist for Attachments

1. Self-attested copy of ID proof(Voters ID, Driving Licence, Passport, PAN card,Aadhaar card) ☐

2. Self-attested copy of class 10th pass certificate ☐

3. Self-attested copy of degree/diploma certificate ☐

4. Self-attested copy of Council Registration (if applicable) ☐

5. Experience certificate ☐

6. Any other (specify) ☐

OFFICE USE

Certified Verified   :   YES / NO

Qualification Adequate   :   YES / NO

Reason for Rejection   :

Date: Signature of verification officer