



**NATIONAL HEALTH MISSION IDUKKI**

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**JOB APPLICATION FORM**

Affix  
Recent  
Passport Photo

1	Name of the Post (Mark ✓ appropriately)	<b>LAB TECHNICIAN</b>							
2	Name of the Candidate (In Block letters)								
3	Age / Date of Birth (dd/mm/yyyy)	Age		Day	DD	Month	MM	Year	YYYY
4	Gender	Male <input type="radio"/>		Female <input type="radio"/>					
5	Full Address For Communication With District and PIN Code								
6	Mobile Number	+91							
7	WhatsApp Number	+91							
8	E-Mail Address								

**Details of Qualification**

Qualification	University/ Board & Institution	Reg.No.with date	Year of Passing	Para medical REG NO.

**Work Experience**

Sl No.	Institution	Department	From	To	Duration

**Declaration**

I hereby declare that the above furnished details are true and best of my knowledge.

Date:  
Place

Candidate Signature

# All fields are mandatory. # Partially filled applications will be rejected # Scanned Application form & Certificates sent through the E-mail: [careersnhmidukki@gmail.com](mailto:careersnhmidukki@gmail.com)