National Health Mission
ആരോഗ്യകേരളം
ഇടുക്കി

BIODATA

Postappliedfor

NotificationNo. of post applied

Name(asperAadharinBlock letter)

Name(asper Bankin Block letter)

Age

Dateofbirth(dd-mm-yy)

Gender   Male ☐   Female ☐   ThirdGender ☐

Religion & Caste

Guardian

RelationshipwithGuardian

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

Languagesknown

Address for communication withpincode(inBlockLetters)

PermanentAddresswithpin code(inBlockLetters)

Phone/MobileNo.

Email

BloodGroup

Aadhar no.

EducationalQualifications:

Qualification	NameoftheInstitution	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..............				

Workexperience:

Period		Organisation	Designation	Job responsibilities
From	To			

DECLARATION

Iherebydeclarethattheabovementioneddetailsaretrueandcorrect tothebestofmy knowledge.

Name&Signaturewithdate

ChecklistforAttachments

1. Self-attestedcopyofIDproof(VotersID,DrivingLicence,Passport, PAN card,Aadhaar card)

2. Self-attestedcopyofclass10thpasscertificate

3. Self-attestedcopyofdegree/diplomacertificate

4. Self-attestedcopyofCouncilRegistration(ifapplicable)

5. Experiencecertificate

6. Anyother(specify)

OFFICEUSE

CertifiedVerified   :   YES/ NO

QualificationAdequate   :   YES/ NO

ReasonforRejection   :

Date: Signatureofverificationofficer