## **APPLICATION FORM**



# APPLICATION NO. (For Office Use Only)

Please put your signature across the photograph

PLEASE FILL UP THE APPLICATION IN CAPITAL LETTER IN (Except Signature in Capital Letter)

Dated Advertisement No. Application for the Post of Honorary Health Worker (HHW) 1. Name (In Capital Letter): FIRST NAME MIDDLE NAME SURNAME 2. Father's/Husband Name (In Capital Letter): 3. DATE OF BIRTH (DD/MM/YYYY): Months 4. Age as on 01.01.2025 Years Married Divorced Widow 5). Marital Status (Tick in appropriate box): 6. Nationality: 7. Address: 7.1. PERMANENT ADDRESS (In Capital Letter): Town/City: Η A L S H Α R Ward No. Municipality District: State: Pin Code:

| ADDRESS FOR C     | ORRESPONDENCE (In Ca                | apital Letter) : |                 |          |                                    |
|-------------------|-------------------------------------|------------------|-----------------|----------|------------------------------------|
|                   |                                     |                  |                 |          |                                    |
|                   |                                     |                  |                 |          |                                    |
| P.O.              |                                     |                  |                 |          |                                    |
| Town/City         |                                     |                  |                 |          |                                    |
| Municipality:     |                                     |                  | Ward No         | o        |                                    |
| District :        |                                     |                  |                 |          |                                    |
| State:            |                                     |                  |                 |          |                                    |
| Pin Code :        |                                     |                  |                 |          |                                    |
| Contact Details : | 9                                   | a                |                 |          |                                    |
| i).Mobile Number  | : [ ] ]                             |                  |                 |          |                                    |
| ii). Residence :  |                                     |                  |                 |          |                                    |
| iii). E-mail Id   |                                     |                  |                 |          |                                    |
| 9. Academic Qua   | lification                          |                  |                 |          |                                    |
| Sl. No.           | nool/Board/University/<br>Institute | Degree/Diploma   | Year of Passing | Duration | Percentage of<br>Marks<br>obtained |
|                   |                                     |                  |                 |          |                                    |
|                   |                                     |                  |                 |          |                                    |
|                   |                                     |                  |                 |          |                                    |

| DI. 110. | Institute | Dogroo, Dipionia | 1000 011 00000 | obtained |
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|          |           |                  |                |          |

10. Additional Qualification (If any):

11. Extra Curiculam Activities (If any)

#### 12. Language Known: (PLEASE TICK)

| Sl. No. | Language | Writing | Reading | Speking |
|---------|----------|---------|---------|---------|
|         |          |         |         |         |
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### 13. Check List of Documents (PLEASE TICK IN THE BOX)

| Sl. No. | Documents  | YES/NO | No. of<br>Documents<br>enclosed<br>(Photocopy) |
|---------|--|--------|--|
| 1       | Proof of Age (Madhyamik Admit Card)  |        |  |
| 2       | Proof of Acedemic Qualification  |        |  |
| 3       | Proof of Residence (Aadhaar Card/Voter Card/Ration Card  |        |  |
| 4       | Caste Certificate  |        |  |
| 5       | OTHERS  i).For Married Candidate - Marriage Certificate/Voter Card/Ration Card/Aadhaar Card mentioning the husband name.  ii). For widow Candidate - Death Certificate of Husband.  iii). For Divorced Candidate - Court order for Divorceed, if any |        |  |

#### DECLARATION:

I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. These conditions are acceptable to me and I fulfill these conditions. The details mentioned in the application are true and I shall furnish the necessary documents in original whenever required. If any information/details found to be incorrect/false at any stage of the selection process or if any fact found to have been cancealed by me or

|        | Full Signature of the Candidate |
|--------|---------------------------------|
| Place  |                                 |
| Date : |                                 |
|        |                                 |