

Annexure-B
APPLICATION FORM FOR CONTRACTUAL APPOINTMENT UNDER
STATE HEALTH SOCIETY

Attested
Passport size
Photograph

- 1 Post Applied for: _____
- 2 Adv. Notice No: _____
- 3 Name of candidate: _____
- 4 Parentage _____
- 5 Date of Birth: _____
- 6 PermanentPresent Contact Address: _____
- 7 E mail Address _____
- 8 Permanent Telephone No. (STD code) _____
- 9 Languages Spoken /Written _____

10. Details of Technical Qualification:-

Examination Passed	Examining Body/Board/University	Year of Passing	Marks Obtained	Total Marks	%age

11. Date of declaration of result of technical Qualification_____

12 Experience if any_____

Duration _____ Years_____ months

13 Documents

a) _____ b)_____

c) _____ d)_____

14 I do hereby declare that

- i. The Statement in this application is true to the best of my acknowledge and belief
- ii. I have never been debarred from appearing at any examination/Interview.
- iii. I have never been arrested /prosecuted or involved in any criminal case registered by the police or convicted by a criminal court.
- iv. I undersigned that any willful concealment of the facts shall result in the cancellation of my candidature and may also debar me from applying for future selection.

I shall accept the selection made by the selection committee which will be binding on me

Signature of Applicant

Note: You will be required to supply documentary evidence, which supports the statements you have made above before the interview.