



National Health Mission, Uttarakhand

UKHFWS, Directorate of Medical Health & Family Welfare
Danda Lakhond, Post Gujrada, Sahastradhara Road, Dehradun

Application Format

(Please fill separate application for each position)

1. Position Applied for				Self attested passport Size photograph
1A. District Applied for		1B. Category – (SC/OBC/ST/Gen)		
2. Name (In Capital Letters)		3. Sex (M/F) -		
4. Father's Name				
5. Date of Birth		6. Age (as on 01 Dec 2017)		
7. Marital Status				
8. Correspondence Address:				
9. Permanent Address:				
10. E-mail ID:			11. Mobile No:	
12. Academic Qualification : (High School Onwards)				
Qualification (Degree/Diploma)	Institution/University	Year of Passing	Percentage/Grade	Remarks
13. Work Experience (Attach extra sheet, if required)				
Name of the Organization/Institution	Designation	Duration (From) (To)		

Note:

1. Please enclose the self attested copies of documents /certificates for serial no. **1B (Category), 5 (Date of birth), 12 (Academic Qualification) & 13 (Work Experience)** and CV with completed application form.
2. Shortlisted candidates will be informed for interview through their e-mail.
3. The candidates should mention at the top of the envelope:“**Position Applied for..... district -**”

Application to be sent to:

National Health Mission,
Directorate of Medical Health & Family Welfare
DandaLakhond, Post-Gujrada
Sahastradhara Road, Dehradun – 248001

Declaration

Iaffirm that the information given in this application is true and correct. I also fully understand that if at any stage it is discovered that an attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may be summarily rejected or my employment may be terminated.

Date:

Place:

Signature of Candidate