

National Health Mission, Uttarakhand

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

Application Form

1.Position Applied for							
2. Name (In Capital				3. Sex (M/F)			
Letters)					~ 10		
4. Father's Name						tested passport photograph	
5. Date of Birth				6. Age (as on 01 Jan, 2021)			
7. Marital Status							
8. Correspondence Address:							
9. Permanent Address:							
10. E-mail ID:				11. Mobile N			
TO. E-IIIali ID.			11. Modile N	0.			
12. Academic Qualification : (High	School Onwar	ds)	_				
Qualification Institution	Institution/University		Year of Passing	Obtained M Total Ma		%age of Marks Obtained	
			1				
13. Work Experience (Attach extra	sheet, if requi	red)					
Name of the Organization/Institution/ Departmen	t De	Designation		Dur:	Duration (From - To)		
		I					

	Note:
2.	Please enclose the self attested copies of documents /certificates for serial no. 5 (Date of birth), 12 (Academic Qualification) & 13 (Work Experience) and CV with completed application form. Shortlisted candidates will be informed for interview through e-mail. The candidates should mention at the top of the envelope: "Position Applied for"
	Application Form to be sent to following address through Indian Speed Post/ Indian Registered Post only:
	National Health Mission, 3 rd Floor, Directorate of Medical Health & Family Welfare Danda Lakhond, Post-Gujrada Sahastradhara Road, Dehradun – 248001
	<u>Declaration</u>
	I
	Date:
	Place: Signature of Candidate
	List of enclosed documents –
	1. 2. 3. 4. 5. 6. 7. 8. 9.