



National Health Mission, Uttarakhand

UKHFWS, Office of Mission Director, 3rd Floor,

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

Application Form

(Please fill separate application for each position)

1. Position Applied for					Self attested passport Size photograph
2. Name (In Capital Letters)				3. Sex (M/F)	
4. Father's Name					
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 No:	
12. Academic Qualification : (High School Onwards)					
Qualification	Institution/University	Regular/ Full time (Yes/ No)	Year of Passing	Obtained Marks/ Total Marks	%age of Marks Obtained
13. Work Experience (Attach extra sheet, if required)					
Name of the Organization/Institution	Designation and Salary (per month)	Duration (From) (To)			

Note:

1. 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.
2. Shortlisted candidates will be informed for interview through e-mail. So, please mention email id which is in use clearly.
3. The candidates should mention at the top of the envelope:“**Position Applied for.....**”
4. **All Candidates are required to submit their CV and a personal statement (1000 words maximum) explaining their motivation to join this training program. CVs submitted without a personal statement essay will not be considered for the recruitment process.**

Application to be sent to:

Office of Mission Director,
National Health Mission,
3rd Floor, Directorate of Medical Health & Family Welfare
Danda Lakhond, 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

List of enclosed documents –

- | | | |
|-----------------------|---|---------|
| 1. CV | - | YES/ NO |
| 2. Personal Statement | - | YES/ NO |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |