



National Health Mission
Uttarakhand Health & Family Welfare Society
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
2. District applied for (In order of preference)	i. ii. iii.			
3. Name (In Capital Letters)		Sex (M/F) (Pl tick <input type="checkbox"/>)		
4. Father/Spouse's Name				
5. Date of Birth		Age (as on 1 st August 2015)		
6. Marital Status				
7. Correspondence Address:				
8. Permanent Address:				
9. E-mail ID:			Mobile No:	
10. Academic Qualification : (High School Onwards)				
Qualification (Degree/Diploma)	Institution/University	Year of Passing	Percentage/Grade	Remarks
11. Work Experience (Please specify the desired experience)				
Name of the Organization/Institution	Designation	Nature of Duties	Duration	
			(From)	(To)

Note:

1. Please enclose the self attested copies of document/certificates for serial no. 5, 10 & 11 with completed application form.
2. Shortlisted candidates will be informed for interview through their e-mail address & registered post.
3. The candidates should mention at the top of the envelope: **“The Position Applied for.....”**
4. All application will be entertained only by Speed/Registered post by 31st August 2015 till 5.00 PM.

Application to be sent to:

The Mission Director, NHM
Uttarakhand Health & Family Welfare Society,
Room No-22, Directorate of Medical Health & FW
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 terminated.

Date:

Place:

Signature of Candidate