



**National Urban Health Mission
Jalgaon Municipal Corporation
APPLICATION FORM**



Photo

(All fields in the forms are mandatory to be filled. Any incomplete form submitted will be treated as rejected.)

Exact Name of Position applied for and category:				
Name:				
Father's /Husband's Name:				
Date of Birth (DD/MM/YYYY):		Blood Group:	Gender:	
Marital Status:	Existing NHM (Yes/No)	Nationality:	Religion: Category:	Age as on Advertisement

Address / Contact Details: (Name of the District and Pin code is compulsory)

Address (Present):		Address (Permanent): (Write Same if same as Present Address)		
State:		State:		
Pin:		Pin:		
Contact No:		Contact No:		
E-mail Id for Correspondence:		Alternate E-mail Id for Correspondence (If any):		

Languages Known: (Write "Y" / "N")	English	Hindi	Marathi	Others (Please Specify below)

Work / Experience Summary: (Starting from current / most recent)

Sr. No.	From (DD/MM/YY)	To (DD/MM/YY)	Organization	Designation	Responsibilities (Min. 30 and Max. 50 Words)
Total Experience (In Years & Months):				Relevant Experience to the post applied (In Years & Months):	
				Notice Period/Joining Time (Days):	

Details of Internship / Workshops/Conferences/Trainings Attended (If any):

Declaration:

I here by declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or I do not satisfy the eligibility criteria my candidature will be cancelled, without assigning any reason thereof. I have read the content of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for.

Name: _____

Place: _____

Date: _____ Signature _____

Disclaimer:

The applicants are required to submit the duly filled application on or before the due date and time, failing which the application of the said applicant shall be treated as non-responsive. NUHM shall not be responsible for late receipt or non-receipt of application/s for any technical reason or whatsoever. The applications received after due date and time shall not be considered.

प्रतिज्ञापन

नमुना अ

मी श्री / श्रीमती / कुमारी
श्री यांचा / यांची मुलगा / मुलगी /
पत्नी वय..... वर्ष, राहणार याब्दारे
असे जाहीर करतां/ करते की,

- १) मी या पदासाठी माझा अर्ज दाखल केलेला आहे.
- २) आज रोजी मला (संख्या) इतकी हयात मुले आहेत. त्यापैकी दिनांक २३ जुलै २०२० यानंतर जन्माला आलेल्या मुलांची संख्या आहे. (असल्यास जन्मदिनांक नमुद करावा.)
- ३) दिनांक २३ जुलै २०२० रोजी हयात असलेल्या मुलांची संख्या दोनपेक्षा अधिक असेल तर दिनांक २३ जुलै २०२० व तदनंतर जन्माला आलेल्या मुलांमुळे या पदासाठी मी अनर्ह ठरविण्यास पात्र होईल याची नला जाणीव आहे.

ठिकाण -

दिनांक - / /

सही/-

नांव