APPLICATION FORM FOR HIRING OF STAFF UNDER NATIONAL HEALTH MISSION, J&K

Post applied for						
Name of Candidate	e					
Parentage						
Date of Birth						
Permanent Addres	s					
E-mail/ Contact No						
		ication: (viz M				
Examination Passed		Board/University	Year of passing	Marks Obtained	Total marks	%age
MBBS 1st Year						
MBBS 2nd Year						
MBBS 3 rd Year						
MBBS 4 th Year						
MBBS (Cumulative)						
MD/MS/PG Diploma						
MCI/ State Medical	council Regis	tration No				
Experience if any:						
Duration	Ye	ears		Months		
No. of Enclosures						
I do hereby declare						
The Statement in t		is true to the	best of m	v knowled	dge and h	elief.
I have never been	그렇게 하면 하는 아이들은 그렇게 뭐 하게 되었다.					remen.
I have never been			ny crimina	ai case reg	istered by	the police
or convicted by the	e criminal cour	rt.				

I shall accept the selection made by the selection committee, which will be binding on me. I undertake that any willful concealment of the facts shall result in the cancellation of

my candidature and debar me from applying in future.

DIPK-NB-2252/18

Signature of applicant