

Application for the post of Community Health Officers(CHOs)/Middle Level Health Providers (MLHPs) at Sub-Centres to be converted as Health and Wellness Centres

Name of the District	
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Please affix a recent
Passport Size
Photograph

Name of the Candidate	
Father/Husband Name	
Date of Birth (SSC certificate to be enclosed)	
Gender (Please tick)	Male / Female
Community Status (Certificate to be enclosed)	SC / ST / BC (A) / BC (B) / BC (C) / BC (D) / BC (E) / OC
In case of BC Whether belongs to Non-Creamy Layer (Please tick)	YES / NO (Certificate to be enclosed for Yes)
Whether Physically Handicapped	YES / NO (Certificate to be enclosed for Yes)
Whether NCC Instructor	YES / NO (Certificate to be enclosed for Yes)
Address for Communication :	
Mobile No.	
Email Id	

Details of School Education

Class	Year of Education	Regular / Private	Name of the School	District of the School
1 st				
2 nd				
3 rd				
4 th				
5 th				
6 th				
7 th				
8 th				
9 th				
10 th				

Details of Qualifying Examination.

Course	Year of Education	Year of Passing	Name of the College & District	Name of the University

Details of Registration of Qualifying Exam

Registration No.	Registration date	Name of the Council where Registered

Details of Marks in Qualifying Exam

Consolidated Total Marks of the Exam	Marks obtained by the Candidate	Percentage (%) obtained / Grade obtained

Details of Application Fee paid (Rs. _____ per candidate)

(Payable in the form of Demand Draft drawn on _____)

District _____)

Demand Draft No.	D.D. Date	Name of the Bank & Branch

DECLARATION

I hereby declare that all the details provided by me in the above application, are true and correct to the best of my knowledge. Any Misrepresentation suppression of facts by me, if noticed at a later date, will forfeit my right to appointment and I shall be responsible for the same.

Dated :

Signature of the Candidate

List of Enclosures (Xerox copies of certificates)

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

ACKNOWLEDGEMENT TO CANDIDATE

Application for the post of Community Health Officers(CHOs)/Middle Level Health Providers (MLHPs) is received from

Name of the Candidate :

Father/Husband Name :

Date of Acknowledgement :

Signature

Seal