

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

1. Post applied for. _____
2. Name of Candidate _____
3. Parentage _____
4. Date of Birth _____
5. Permanent Address _____
6. E-mail/ Contact No. _____
7. Details of Qualification: (viz MBBS I/ II/ III/ IV)



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)					

8. Date of completion of internship _____
9. MCI/ State Medical council Registration No. _____
10. Experience if any:
Duration _____ years _____ Months
11. District opted as per order of preference.
a) _____ b) _____ (c) _____
d) _____ e) _____
12. No. of Enclosures _____
13. I do hereby declare that
 - I. The Statement in this application is true to the best of my knowledge and belief.
 - II. I have never been debarred from appearing at any examination/ interview.
 - III. I have never been prosecuted or involved in any criminal case registered by the police or convicted by the criminal court.
 - IV. 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 debaring me from applying in future.

Signature of applicant.