



**National Health Mission &
National Urban Health Mission, National AYUSH Mission, 15th Finance, PM-ABHIM, IDW (Tender Fee)
State Health Society Maharashtra, Mumbai**

APPLICATION FORM

(All fields in the forms are mandatory to be filled. An incomplete form & the form not following the instructions submitted will be treated as rejected.)



Applied for Name of Program (as per Advertise)			
Applied For Sr No.....Applied for Cadre Name.....			
Exact Name of Post applied for (As per Advertisement):			
Candidate Full Name:			
(In Capital Letter)	Surname	Middle Name	Last Name
Father's / Husband's Name:			
(In Capital Letter)	Surname	Middle Name	Last Name
Date of Birth (DD/MM/YYYY):.....	Blood Group:.....	Gender:.....	
Marital Status:	Existing NHM Employee (Yes/No).....	Nationality:.....	Religion:
		Domicile of Maharashtra: YES/ NO.....	Original Category:.....
			Applying for which category.....

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

Name & Address (Present): District: State: Pin: Contact No:	Name & Address (Permanent): District: State: Pin: Contact No:
E-mail Id for Correspondence: (Strictly Noted- Mention clearly & readable if not readable office not responsible)	

Additional Qualification (If any): (Starting from most recent)

From (MM/YY)	To (MM/YY)	Degree / Diploma	Name of Board/University / Institute	Specialization / Subjects	Final Year Total Marks & Obtained Marks	Mode of Education (Regular/ Distance)	Final Year Percentage (%)

•Do not mention the Grade or SGPA/CGPA, only Percentage should be mentioned.

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

Sr No	Period From (MM/YY)	Period To (MM/YY)	Total Experience in Year & Months	Name of Organization	Nature of Organization (Govt./Semi Govt./Private/NGO/ other)	Name of the post held	Job 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)

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Details of Demand Draft:

Amount of DD: - Demand Draft Date: (DD/MM/YYYY).....

Name of Bank & Branch: -

Demand Draft Number: -

The list of documents attached with the application is mentioned below: (Please follow the all instructions).

Sr No	Mentioned Here Name Of Document Which Is Attached With Application Form	Write here	
		Yes	No
1	Valid Demand Draft (as per advertisement)		
2	Proof of change in Name (Gazette or valid certificate)		
3	Birth Certificate/ Proof of Birth Date		
4	Educational/Technical/Professional Qualification As per advertisement		
5	Medical/Paramedical Council registration certificate (if applicable)		
5	Conversion certificate of Grade to Percentage desired education qualification (if applicable)		
6	Additional Qualification		
7	Conversion certificate of Grade to Percentage of additional qualification (if applicable)		
8	Experience Certificates- <ul style="list-style-type: none"> The experience will be considered only from the date of obtaining the required educational qualification as mentioned in the advertisement. Please make sure not to mention any experience before obtaining the educational qualification. The experience certificate must include the name of the institution, its address, the signature and stamp of the authority, and, if possible, the contact number of the office head. 		
9	Certificate of Age relaxation for existing NHM employee (Applicable for existing NHM employee only)		
10	Caste Certificate/Caste validity certificate		
11	Domicile Certificate		
12	Non creamy layer Certificate		
13	MSCIT certificate (if applicable)		
14	Computer Efficiency Certificate (if applicable)		
15	Typing Skill Certificate (if applicable)		
16	Small Family Certificate		
16	Other Documents if any please mentioned below (required as per advertisement)		

Self-Declaration:

I hereby 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. I further, assure that I will produce all original certificated and copies of certificates in support of the claim/statements made in this application. I also undertake to fill and submit Small Family Certificate along with hard copy of this application

Name:.....

Place :

Date : **Signature****Note:- "As per the advertisement, all certificates and documents are required to be attached with the application."****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. NHM 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,.....

याद्वारे असे जाहिर करतो/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 नमूद 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 मला जाणीव आहे.

ठिकाण:-

सही/-

दिनांक:-