

APPLICATION FORM

For the Post of Honorary Health Worker (HHW)

Application No. : (for office use only)

Fill your detail in CAPITAL LETTERS only (Except Signature Box)

PASTE one
recent passport
size
(3.5cmX3.5cm)
coloured
photograph

Signed on across the PP

Advertisement No.:

Dated :

1. Name (in Capital Letter) :

FIRST NAME :

MIDDLE NAME :

SURNAME :

2. Father's /Husband's Name (in Capital Letter) :

3. DATE OF BIRTH (DD/MM/YYYY) :

4. Age as on 01/01/2021 **Years** **Months** **Days**

5. Marital Status (Tick in the appropriate box) : Married Divorced Widow

6. Nationality:

7. Address :

7.1 Permanent Address (In Capital Letter) :

P.O. :

Town/City :

Municipality : **Ward No.:**

District :

State :

PIN Code :

12. Languages Known : (Please Tick)

Sl. No.	Language known	Read	Write	Speak

13. Check List of documents : (PLEASE TICK IN THE BOX)

Sl. No.	Documents	Y/N	No. of documents enclosed (Photographs)
1.	Proof of age (Madhyamik Admit Card)		
2.	Proof of Academic Qualification		
3.	Proof of residence (AADHAR Card/Voter Card/Ration Card)		
4.	Caste Certificate		
5.	Others i) For married candidate-Marriage Certificate/Voter Card/Ration Card/Aadhar Card mentioning the husband name ii) For widow candidate – Death Certificate of husband iii) For divorced candidate – Court order for divorced, if any		

Declaration :

I hereby declare that I have carefully read the condition of eligibility mentioned in the advertisement. These conditions are acceptable to me and I fulfil these conditions. The details mentioned in the Application are true and I shall furnish the necessary documents in original whenever required.

If any information/details found to be incorrect / false at any stage of the selection process or if any fact found to have been concealed by me or detected even after the appointment, my engagement likely to be terminated.

Date:

Place:

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Full Signature of the Candidate