





NATIONAL HEALTH MISSION - TAMIL NADU

DISTRICT HEALTH SOCIETY, PUDUKKOTTAI

Application for the Post of

Contract MPHW - Health Inspector & Hospital Worker

Urban Health & Wellness Centres

Contract post of MPHW-Male Health Inspector Grade-II

Hospital Worker / Support Staff

Recent Passport size Photo

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1.	Applicant's Name / விண்ணப்பதாரரின் பெயர்	:	
2.	Father / Husband Name தகப்பனார் / கணவர் பெயர்	:	
3.	DOB (DD/MM/YY) பிறந்த தேதி	:	
4.	Age / வயது	:	
5.	Educational Qualification / கல்வித்தகுதி (சான்றுடன்)	:	
6.	Experience / முன் அனுபவம் (சான்றுட ன்)		
7.	Community / சாதிச் சான்று		
8.	Current Residential Address தற்போதைய வீட்டு முகவரி	:	
9.	Permanent Address நிரந்தர வீட்டு முகவரி	:	
10.	Aadhar No & Zerox ஆதார் எண் (நகலுடன்)	:	
11.	Phone Number தொலைபேசி எண்	:	
12.	E.mail ID (If Available) / மின்னஞ்சல் முகவரி	:	

பின்பக்கம் அறிவுறுத்தப்பட்டுள்ள விபரங்கள் அடிப்படையில் தேவையான சான்றுகளை இத்துடன் சமா்ப்பித்துள்ளேன்.

Place / இடம் : Date / தேதி :

The list of self-attested document photocopies to be attached along with the filled application form:

- 1. One recent passport size color photographs
- Evidence of Date of Birth (Birth Certificate, 8th Std Pass Certificate for Hospital Workers/SSLC / HSC Certificate)
- 3. Evidence of Educational qualification and marks (Health Inspector Course

Completion Certificate etc.)

- 4. Evidence for Tamil eligibility (10th or 12th standard marks)
- 5. Proof of residency:
 - a. Nativity Certificate issued by the Revenue Department.
 - **b.** Voter ID
 - c. Panchayat/Municipality/Corporation/Tax receipt
 - d. Aadhar card
 - e. Ration card
 - f. PAN card
- 6. Certificate of character and conduct issued by a Group A or Group B Officer working in Government. The Certificate should be a recent one issued within 3 months prior to the notification (applicable for all the applicants including fresh graduates)
- **7.** Certificate of character and conduct issued by the Head of the Institution where the candidate had undergone the course or currently studying.
- 8. In the case of a differently-abled person, a Certificate from a Block Medical Officer to the effect that the candidate is fit enough to discharge the duties assigned along with the percentage of Disability.
- 9. Certified evidence for Covid-19 work experience.
- 10. No Objection Certificate from the competent authority (if applicable)
- Any other special records of significance from competent authorities as indicated in the selection criteria mentioned.