

District Health Society- NTEP

National Tuberculosis Elimination Programme - Chengalpattu District

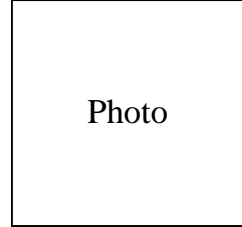
APPLICATION FORM

(On Contractual Basis)

1. Applying for the Post of : _____
2. Name of the Candidate : _____
(In Block Letters)
3. Father/ Husband Name : _____
4. Date of birth / : ____ / ____ / ____ Yrs.
Age in completed years
5. Sex : Male / Female/ Transgender
6. Religion : _____
7. Community : _____
8. Sub Caste : _____
9. Aadhaar Number : _____
10. Registration No. in TNMC,
Nursing Council etc., _____
11. Permanent Address : _____

Present Address : _____

12. Mobile Number : _____
13. E-mail ID : _____



14. Educational Qualification

Sl. No	Exam passed	Year of passing	Board /University	% of Marks

15. Work Experience

Sl No	Name of the Employer (Name of the office/Institution)	Period (Date/month/year)		Post held
		From	To	

16. Two-Wheeler Driving License : Yes/ No

17. Self-Attested Documents Xerox copies of the following to be attached

- a. Aadhaar Card. : Yes/ No
- b. Community Certificate. : Yes/ No
- c. 10th, 12th Mark sheet : Yes/ No
- d. Degree/ ANM/ MPHWH certificate : Yes/ No
- e. Post graduate certificate : Yes/ No
- f. Driving License (if applicable) : Yes/ No
- g. TNMC/TN Nursing Counsel Registration certificate:
(if applicable) : Yes/ No
- h. Experience Certificate : Yes/ No
- i. Computer course certificate : Yes/ No
- j. Recently taken passport size photo. : Yes/ No
- k. Conduct Certificate : Yes/No
- l. Self-addressed office envelope stamps affixed value : Yes/No
of Rs.10/- to be enclosed

DECLARATION

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any of the information provided by me are found false or incorrect at any stage, my candidature / appointment shall be liable for cancellation / termination without notice or any compensation in lieu thereof.

Place:

Signature of the Candidate

Date: