## Puducherry State Health Mission 2nd Floor, Victor Simonel Street, Puducherry - 605 001.

	HEALT	40
8	***	NSS.
A	TY	Ø
2	men sever free	

Office use only

Code:

No. :

ı			<u> </u>
	Affix recent passport		Application Form - Contractual Appointment
	size photograph		Post applied for
•		ı	

								 	 							]			
١.	Name (in Capital letters)	:																	<u> </u>
2.	Father's / Husband's name	:											T						$\neg$
3.	Address for communication	•											Ī						
										1			1	$\perp$	1				
								-		$\downarrow$	$\dashv$		$\downarrow$	+	+			$\dashv$	_
					E,	mail i	۷٠					$\dashv$	+	+	+			$\dashv$	_
			Мо	ob:		lian i	u.						ľ	Ľ	Ľ		Ϊ	$\perp$	
	Permanent Address	:								$\top$	$\top$	$\overline{1}$	$\overline{1}$			T	$\overline{}$	$\overline{}$	$\neg$
					$\bot$							I							
				<u> </u>							Ļ	<u> </u>	<u> </u>				$\perp$		
4.	(i) Date of Birth	:																	

1.	(i) Date of Birth :			
	(Enclose attested photocopy of T.C. or	Day	Month	Year
	Birth Certificate or SSLC Book 1st page)			
	(::) A 01 07 0010			

	(ii)Age as on 31.07.2018						
			Years	Months	Days		
5.	Sex (✓ appropriately)	:	Female	Male			

6.	a. Community :	
	b. Nativity	
7.	Marital Status (✓ appropriately):	

7.	Marital S	status	(✔ appropriately):			
				Married	Single	

Nationality

9.	Educational/Professional qualifications:	(Enclose attested photo copies of certificates - Qualification & all
	Mark sheets including attempts and improvement)	

Qualification (SSLC / HSC /Diploma / Degree)	Period of study From To		Marks % (all subjects)	Institution / University					
(=== 1, 11= 1, B.p, B.p	110111	10	5 45 ] 5						

10. Registration in Indian Medical Council/Nursing Council/others: State:

(Enclose attested photo copies of the certificate)			1	No.:				Dat	e:		
11.	Experience: (Enclose attested p	hoto copies of the certificates)									
	Designation	Institution (Name & Place)		From			То		Duration	Sala ry	
	Designation	mstitution (Name & Frace)	day	mon	year	day	mon	year	(Yrs)	(Rs.)	
1											
2											
2											
3											
4											
				I	I					_L	-!!
1 0	D	NI - •									
12.	Employment Exchange Reg.	NO.									
1.0	A411										
١٥.	Any other relevant information	on.									Checked by
										_	
											Verified by
	I hereby declare that all statemen	ts made in the application are true	e con	nnlete s	and coa	rrect t	o the l	hest of n	ov knowl	edae and	verified by
belie	ef. I understand that in the event of any										
	ancelled. I further understand that in ca										
liabl	e to be terminated forthwith without an	y notice.									
Dat	e:					S	ignat	ure of	the Can	didate	
List	of documents Enclosed:										
1.											
2.											
3.											