

Application No. :
(To be filled in by NHM Office)

Application Form

Application for the Post of District Quality Assurance Manager under
National Health Mission

Recent passport size
photograph

| | | |
|--|---|--|
| 1) Name of the Candidate | : | |
| 2) Father's name / Husband's name | : | |
| 3) Aadhar No. (copy to be enclosed) | : | |
| 4) Gender | : | Male / Female |
| 5) Date of Birth (SSC Certificate to be enclosed) | : | |
| 6) Community (Wherever applicable, certificate issued by concerned authority shall be enclosed) | : | OC / BC (A) / BC(B) / BC (C) / BC (D) / BC (E) / SC / ST / EWC |
| 7) If BC/EWC, whether belongs to Non-Creamy Layer | : | YES / NO (For Yes – Certificate to be enclosed else will be treated as OC) |
| 8) Are you | : | Ex-Servicemen / Physically Challenged / National Cadet Corps (Certificate issued by the concerned authority shall be enclosed) |
| 9) Marital Status | : | Married / Unmarried / Widow / Widower / Divorcee |
| 10) Identification Marks | : | (1) (2) |
| 11) Email ID | : | |
| 12) Mobile Phone No. | : | |
| 13) Address for communication | : | |

| | | |
|-----------------------|---|--|
| 14) Permanent Address | : | |
|-----------------------|---|--|

15) SCHOOL STUDIES (copies of Bonafide Certificates to be enclosed for Regular studies / Residential Certificate to be enclosed for Private Studies)

| Class | Completed Year | Name of the School | Place of the School | District | Regular Study / Private Study |
|-------|----------------|--------------------|---------------------|----------|-------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

16) EDUCATIONAL QUALIFICATIONS (copies of certificates to be enclosed):

| Qualification | Year of Completion | University | Total Consolidated Marks | Total Marks Obtained | Grade |
|---------------|--------------------|------------|--------------------------|----------------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |

17) TRAININGS AND WORKSHOPS/AUDITS Attended (Copies of Certificates to be enclosed)

| Sl. No. | Type | Name of the Training / Workshop | Institution Name |
|---------|------|---------------------------------|------------------|
| | | | |
| | | | |
| | | | |

18) EXPERIENCE DETAILS (Copies of Experience Certificates to be enclosed):

| Sl. No. | Name of the Hospital / Lab / Institution / Department | Designation | Worked with effect from | Worked till date | No. Of Years, Months & Days (YY/MM/DD) |
|---------|---|-------------|-------------------------|------------------|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

19) Payment Details

| Name of the Bank and Branch | Demand Draft No. | Dated | In favour of and Payable at | Demand Draft Amount |
|-----------------------------|------------------|-------|---|---------------------|
| | | | "State Health Society, Telangana" payable at Hyderabad. | |

20) DECLARATION

I hereby state and declare that the information provided by me in this Application Form is true and correct to the best of my knowledge. If it comes to the notice in future that false information is provided by me, in this Application, I shall be personally held responsible and bear full consequences thereof.

PLACE :

SIGNATURE OF THE CANDIDATE

DATED :