

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 / EWS
7) For BC/EWS, whether Non-Creamy Layer or EWS Certificate is enclosed.	:	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

Demand Draft No.	Dated	In favour of and Payable at	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 :