APPLICATION FORMAT (The application should be filled up in CAPITAL Letters only)

To,

The Chairman, Nalhati Municipality Nalhati, Birbhum, Pin: 731243

Paste one selfattested passport size photo

APPLICATION FOR THE POST OF HEALTH OFFICER (CONTRACTUAL)

SI	In response to your advertisement notice no: 1635/Nal/Muni dated: 28/12/2020 for the pos						
of (C	Health Officer (Contractual), I prefer myself as a candidate for the post of Health Office Contractual). Details of my Bio-Data are given below:						
	NAME:						
2.	FATHER'S/ HUSBAND'S NAME:						
3.	GENDER (Put Tick Mark): MALE / FEMALE .						
4.	DATE OF BIRTH (DD/MM/YYYY) :						
5.	NATIONALITY:						
6.	ADDRESS FOR CORRESPONDANCE:						
	PIN						
	PERMANENT ADDRESS:						
	PIN						
	CONTACT DETAILS:						
7.	MOBILE NUMBER:						
8.	EMAIL ID:						

9. ACADEMIC QUALIFICATION:

Sl. No.	Qualification	Year of Passing	Board/ University	Total Marks	Marks obtained	Percentage
1.	Madhyamik / Equivalent					
2.	HS/ Equivalent					
3.	Medical Qualification (as per IMC Act. 1956)					
4.	Additional Qualification (if any)					

10	REGISTRATION NO. OF WBMC :				
11	PRESENT OCCUPATION (IF ANY):				
12.	NAME & ADDRESS OF EMPLOYER/ ORGANIZATION:				
	•				
13.	. EXPERIENCE (IF ANY):				
	Declaration: I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. These conditions are acceptable to me and I fulfill these conditions. I do hereby declare that particulars furnished above are all correct.				
	Date:				
	Place: Full signature of the candidate				