



**National Health Mission**  
**Uttarakhand Health & Family Welfare Society**  
 Directorate of Medical Health & Family Welfare  
 Danda Lakhond, Post Gujrada, Sahastradhara Road, Dehradun

**Application Format**

(Please fill separate application for each position)

1. Position Applied for				Self attested passport Size photograph
2. District applied for (In order of preference) <b>Not to be filled for State Level Posts</b>				
3. Name (In Capital Letters)		Sex (M/F) (Pl tick ✓)		
4. Father/Spouse's Name				
5. Date of Birth		Age (as on 30 <sup>th</sup> Sep, 2016)		
6. Marital Status				
7. Correspondence Address:				
8. Permanent Address:				
9. E-mail ID:			Mobile No:	
10. Academic Qualification : (High School Onwards)				
Qualification (Degree/Diploma)	Institution/University	Year of Passing	Percentage/Grade	Remarks
11. Work Experience (Please specify the desired experience)				
Name of the Organization/Institution	Designation	Nature of Duties	Duration (From) (To)	

**Note:**

1. Please enclose the self attested copies of document/certificates for serial no. 5, 10 & 11 with completed application form.
2. Shortlisted candidates will be informed for interview through their e-mail address & registered post.
3. The candidates should mention at the top of the envelope: **“The Position Applied for.....”**
4. All application will be entertained only by Speed/Registered post by 17<sup>th</sup> Oct, 2016 till 04.00 PM.

**Application to be sent to:**

National Health Mission,  
Uttarakhand Health & Family Welfare Society,  
Directorate of Medical Health & Family Welfare  
Danda Lakhond, Post-Gujrada  
Sahastradhara Road, Dehradun – 248001

**Declaration**

I .....affirm that the information given in this application is true and correct. I also fully understand that if at any stage it is discovered that an attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may be summarily rejected or my employment may be terminated.

Date:

Place:

**Signature of Candidate**