



# National Health Mission, Uttarakhand

UKHFWS, Directorate of Medical Health & Family Welfare  
Danda Lakhond, Post Gujrada, Sahastradhara Road, Dehradun

## Application Form

<b>1. Position Applied for</b>					Self attested passport Size photograph
<b>2. Name</b> (In Capital Letters)			<b>3. Sex</b> (M/F)		
<b>4. Father's Name</b>					
<b>5. Date of Birth</b>			<b>6. Age</b> (as on 01 March, 2019)		
<b>7. Marital Status</b>					
<b>8. Correspondence Address:</b>					
<b>9. Permanent Address:</b>					
<b>10. E-mail ID:</b>			<b>11. Mobile No:</b>		
<b>12. Academic Qualification : (High School Onwards)</b>					
Qualification	Institution/University	Regular/ Full time (Yes/ No)	Year of Passing	Obtained Marks/ Total Marks	%age of Marks Obtained
<b>13. Work Experience (Attach extra sheet, if required)</b>					
Name of the Organization/Institution/ Department	Designation	Grade Pay	Duration (From - To)		

**Note:**

1. Please enclose the self attested copies of documents /certificates for serial no. **5 (Date of birth), 12 (Academic Qualification) & 13 (Work Experience)** and CV with completed application form.
2. **Shortlisted candidates will be informed for interview through e-mail.**
3. The candidates should mention at the top of the envelope:“**Position Applied for.....**”

**Application Form to be sent to following address through Indian Speed Post/ Indian Registered Post only:**

National Health Mission,  
3<sup>rd</sup> Floor, 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**

**List of enclosed documents –**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.