

NATIONAL HEALTH MISSION – TAMIL NADU
DISTRICT HEALTH SOCIETY

Application for the post of -----

1	Applicant's Name / விண்ணப்பதாரர் பெயர்		
2	Father's Name / தந்தை பெயர்		
3	DOB (DD/MM/yy) / பிறந்த தேதி		
4	Age / வயது		
5	Educational Qualification / கல்வித் தகுதி		
6	Experience	Yes or No	
		Period	From:
			To:
7	Current Residential Address / தற்போதைய வீட்டு முகவரி		
8	Permanent Address / நிரந்தர முகவரி		
9	Aadhar Card Number / ஆதார் எண்		
10	Phone Number / தொலைபேசி எண்		
11	Email ID (if available) / மின்னஞ்சல் முகவரி		

Place / இடம்:

Date / நாள்:

Applicant's Signature

விண்ணப்பதாரர் கையொப்பம்

Encl: Annexure-I

ANNEXURE – I

The list of self-attested document photocopies to be attached along with the filled application form:

1. One recent passport size color photographs
2. Evidence of Date of Birth (Birth Certificate/SSLC/HSC Certificate)
3. Evidence of Educational Qualification and marks
4. Registration Certificate
5. Proof of residency: (Any two)
 - a. Nativity Certificate issued by the Revenue Department
 - b. Voter ID
 - c. Panchayat / Municipality / Corporation / Tax receipt
 - d. Aadhar Card
 - e. Ration Card
6. Certificate of Character and conduct issued by a Group A or Group B officer working in Government. The certificate should be a recent one issued within 3 months prior to the notification (applicable for all the applicants including fresh graduates)
7. Experience Certificate
8. Community Certificate
9. Self Declaration