

APPLICATION FORM
DISTRICT HEALTH SOCIETY
NATIONAL HEALTH MISSION, UT OF LADAKH

1. Post applied for, _____ Notice No- _____
2. Name of Candidate _____
3. Parentage (Father/Mother Name) _____
4. Date of Birth _____
5. Complete Address _____
District _____, Block _____
6. E-mail ID, _____ Contact Nos _____



7. Details of Academic Qualification:-

Examination passed	Examining Body/ Board/University	Year of Passing	Marks obtained	Total marks	%age

8. Date of completion of qualifying degree _____
9. Post Qualification Experience :-
Duration _____ years _____ Months

10. List of Supporting Documents

- A. Address Proof:- Passport/Aadhar card/Pan card, Residence certificate B. Degree/Diploma from Recognized institution C. Registration Certificate. D. Marks Cards. E. Experience Certificates

The Statements in this application are true to the best of my knowledge and belief.

Signature of applicant