

**DISTRICT HEALTH AND FAMILY WELFARE SOCIETY, KARNAL**  
**APPLICATION FORM**

**For office use**

Receipt No. \_\_\_\_\_

Date \_\_\_\_\_

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**Important Instructions**

- Please read instructions given in advertisement carefully before filling in each column.
- Use only black/blue ball pen to fill the form.

**Application for the post of \_\_\_\_\_ Facility \_\_\_\_\_**

1. **Name of the candidate :** \_\_\_\_\_  
(In Capital Letters)
2. **Father's/Husband's Name :** \_\_\_\_\_  
(In Capital Letters)
3. **Sex :** Male/Female **Marital Status :** Married/ Unmarried
4. **Date of Birth :** \_\_\_\_\_  
(dd/mm/yyyy)
5. **Category to which belong :** \_\_\_\_\_
6. **Telephone/Mobile No. :** \_\_\_\_\_
7. **E-mail :** \_\_\_\_\_
8. **Permanent Address :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Pin Code \_\_\_\_\_
9. **Correspondence Address :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Pin Code \_\_\_\_\_

Affix Recent  
Colored  
Passport  
Size Photo

**Educational/Professional Qualifications :**

Examination Passed	Board/ University	Year of Passing	Maximum Marks	Marks Obtained	%age of Marks	Division	Subjects
10 <sup>th</sup>							
10+2/ Vocational/ Intermediate							
Graduation							
Post-Graduation							
Any other Course/Diploma etc.							

**10. Internship/Training (if any) : Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_ Day(s) \_\_\_\_\_**

Name of Institution/ Organization	Designation	From	To	Total Period

**11. Total Experience : Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_ Day(s) \_\_\_\_\_**

Name of Institution/ Organization	Designation	From	To	Pay/Salary/ Honorarium p.m.	Total Period

**Details of Documents attached :** \_\_\_\_\_

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**(Signature of the Candidate)**

12. Declaration : I hereby declare that

1. All statements made in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, or ineligibility being detected before or after the interview/selection/ appointment my candidature may be cancelled and action can be taken against me by the commission.
2. I have read the provisions/conditions/terms/rules in advertisement carefully and I hereby undertake to abide by them. I fulfil all the conditions of eligibility regarding age limit, educational qualifications etc. prescribed in the advertisement and other relevant rules and instructions.
3. I have never been convicted by criminal court.
4. There is no court case pending against me.

Date : \_\_\_\_\_

**(Signature of the Candidate)**

Place : \_\_\_\_\_