

State Institute of Health and Family Welfare, Rajasthan

APPLICATION FORM

(Downloadable)

To,

The Director
State Institute of Health and Family Welfare
Jhalana Institutional Area,
South of Doordarshan Kendra
Jaipur- 302004

Dear Madam/Sir,

With reference to the advertisement No. ----- Dated-----, that
appeared in ----- (Name of new paper), I submit my application for the post as follows

1. Position applied for:

2. Name (In Block Letters):

3. Father/Husband's Name:

4. Date of birth (DD/MM/YY):

D	D	M	M	Y	Y
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5. Sex:

Male Female Other

6. Category (√ the appropriate box):

SC	ST	OBC	Gen.
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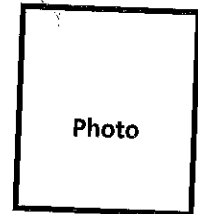
7. Nationality

8. Marital status: Unmarried Married

Annulled Marriage

9. No of Children (Please mention Number) Male

Female



10. Details of DD

Instrument No.	Drawn on	Date of issue	Payable at

11. Postal address (Mandatory)

12. Permanent address:

13. Email-id* (Mandatory)

14. Telephone No (With STD Code)

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15. Mobile No.* (Mandatory)

16. Educational qualification (Secondary onwards. Please list all your qualifications starting from the highest qualification acquired):

S. No.	Degree	University / Board & location	Year of Passing	Percentage / Rank/Grade	Major Subjects

17 Details of Post qualification Experience (Starting from the present one)

(Use separate sheets if required)

Designation	Name of organization	From (month/year)	To (month/year)	Name of employer	Major responsibilities

18. Employment record:

- a. Total years of post qualification experience:
- b. Years of experience in the development/ health sector:
- c. Years of experience in Government:

19. Would you accept contractual employment for less than one year YES NO

20. Last drawn Pay/ Remuneration

21. Any other information:

Declaration:

I certify that all information furnished by me are true, complete and correct to the best of my knowledge.

I am solely responsible for all above mentioned Information.

Signature with full Name:

Date:

Place: