

# राज्य स्वास्थ्य एवं परिवार कल्याण संस्थान, राजस्थान

## State Institute of Health & Family Welfare, Rajasthan

### APPLICATION FORM

(Downloadable)

**ALL ENTRIES TO BE NEATLY TYPED IN THE FORMAT ONLY**

To,  
Director,  
State Institute of Health & Family Welfare, Rajasthan  
Jhalana Institutional Area,  
South of Doordarshan Kendra  
Jaipur- 302004

Dear Sir,

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

1. Position applied for: \_\_\_\_\_

2. Name (In Block Letters): \_\_\_\_\_

3. Father/Husband's Name: \_\_\_\_\_

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

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 Age on 01.01.2024 

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yy mm dd

5. Sex: Male  Female  Other

6. Religion: 

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7. Category: (A) 

UR	SC	ST	OBC	MBC	EWS
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 (√ the appropriate box)

(B) Physically Handicapped  Sports Person  Ex Serviceman  Widow  Divorced

8. Nationality: 

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9. Marital status: Married  Unmarried

10. Details of DD

DD No./Bankers Chq. No.	Drawn on	Date of issue	Payable at

11. Postal address:

12. Permanent address:

13. Email-id\* (must):

Pin 

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14. Telephone No (With STD Code)

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15. Mobile No.\* (must):

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

S. No	Name of Exam	University / Board & location	Year of Passing	Percentage (Grade Points to be converted into %)	Major Subjects
1	Secondary				
2	Sr. Secondary				
3	Graduation				
4	MA				
5	M.Phil				
6	MBA/Ph.D.				

17. Employment record:

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

18. Employment history (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

19. Languages known:

Languages	Excellent	Good	Working Knowledge
Hindi			
Speak:			
Write:			
English			
Speak:			
Write:			
Others			
Speak:			
Write:			

20. Publication/ Research Papers (Use separate sheet if necessary)

21. Professional Affiliations

22. References of three person (not relative) out of which one should be of your present employer.

S. No.	Name	Designation	Address	Contact no.

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

24. Last Drawn Honorarium/Pay:

25. Any other information:

## Declaration

I certify that all information furnished by me is true, complete and correct to the best of my knowledge.  
That I have not applied for this post earlier in last two years.

Signature with full Name:

Date:

Place:

List of Documents attached (Check with "Instructions before filling the Application Form")

1. Certificate of Class X
2. Certificate of Class XII
3. Mark sheets of Graduation (all years/Semesters)
4. Degree of Graduation (if available)
5. Mark sheets of Post Graduation (all years/Semesters)
6. Degree of Post Graduation (M.A.) (if available)
7. Degree of M.Phil/MBA/PhD
8. Experience Certificates
9. NOC from Last Employer
10. Proof of Residence
11. Caste Certificate
12. Demand Draft
13. Affidavit regarding not accepting Dowry
14. Affidavit regarding Total No. of Children with Date of Birth after 01.06.2002
15. Copy of Bonafide Certificate.
16. Certificate related to Physically Handicapped/Ex-Serviceman/Widow/Divorced/Sport Category (if applicable)

