## National Health Mission, UP

Father's / Hust	Affix your Passport Size Photograph duly attested by Gazetted officer		
Date of Birth	n: Age:		
Permanent Ado	dress	Mailing Address if di	fferent
Address		Address	
District		District	
State		State	
PIN CODE-		PIN CODE-	
Contact Details	:		
Phone	Home:	Mobile:	
Email Id:			
her Informatio	n:	<u> </u>	
nder: Male	Female		
ste/Ethnicity: ST	SC OBC	General $\Box$	

## **Educational, Technical and Professional Qualifications**

List secondary and post school qualification by subject, class, level or grade of award and/or other professional qualification. (NHM,UP is primarily interested in the highest education level you have achieved).

Qualification	Subjects	Issuing Body/Institute/ University	Year of Passing	Percentage	Division

## **Career History**

Please describe your career to date, starting with your most recent employment first and work in reverse order.

Employer (Name & Address)	Period (From-To)	Experience (In Years/Months)	Job Role	Designation

Periods unaccounted for (if any)-example career breaks, unemployment etc.		
(if any):		
References (T		
1.	2.	
PLEASE ENSU	RE THAT YOU HAVE COMPLETED THE DECLARATION	
sign below to true and com relevant infor	<b>ON:</b> When you are satisfied you have completed all the information fully, please affirm that the information you have provided is to the best of your knowledge pleted. If you provide any information which you know is false, or if you withhold mation, this may lead to your application being rejected or, if you have already ed, to your dismissal.	
Signature		
Date		
Delhi – 110	e application should be sent to: <b>Post Box No - 10536, JNU Post Office, New 067</b> , clearly mentioning on centre top of the envelope <b>"For NHM, UP, Post ""</b> .	
II	must reach us by 10-Sep-2014, after which applications will not be accepted. of be responsible for any postal delay.	