

## APPLICATION FORM

<b>Advertisement No.</b>		<b>Photograph</b>					
<b>Applied for the Post</b>							
		<b>Identity Proof No.</b>					
<b>1. Applicant Name:</b>							
<b>2. Father's Name:</b>							
<b>3. Date of Birth:</b>	<b>4. District of Domicile:</b>	<b>5. Sex:</b>					
<b>6. Age as on date of walk –interview/ Counseling</b>							
<b>7. Present Contact Address:</b>		<b>8. Contact Telephone No. :-</b>					
<b>Permanent Contact Address:</b>		<b>Mobile No:-</b>					
<b>9. Email Address:</b>							
<b>10. Languages spoken/written:</b>							
<b>11. Professional Qualification details:</b>							
Sl. No.	Exam Passed	Name of Board / University	Year of passing	Marks (excluding 4th optional)			Duration of Course
				Full Mark	Marks Secured	% of Marks	

**Declaration:**

I do hereby declare that the information furnished above are true to the best of my knowledge and belief , if at any stage, it is found that any of the above material information is false / incorrect or is suppressed by me, my candidature/appointment order is liable to be rejected / terminated. I also declared that, I have never been disengaged under the Health & Family Welfare Department, Govt. of Odisha on administrative ground such as disobedience / poor performance, misbehavior / criminal activity etc.

**Date:**

**Place:**

**Full Signature of the Applicant**

**List of enclosure(s) to be mentioned :-**

