NATIONAL HEALTH MISSION
DISTRICT HEALTH & F.W. SOCIETY ®, UDUPI

APPLICATION FOR THE POST OF _____

PASSPORT SIZE PHOTO

I. Contact Information:

1. Full Name:
2. Address for Communication:

3. Contact Number :
4. E-mail Address(compulsory):

II. Personal Information:

1. Date of Birth *(Attach Document):*
2. Gender:
3. Religion:
4. Caste category (Attach Valid Certificate) :
5. Rural Candidate : Yes ☐ No ☐
   (If Yes, Attach Document)
6. Physically Handicap : Yes ☐ No ☐
   (If Yes, Attach Document)

III. Educational Qualification:

1. _____ *(SSLC/10th Attach Marks Card and relevant Document)*
2. _____ *(PUC/12th Attach Marks Card and relevant Document)*
3. _____ *(Educational Qualification required for the Post, Attach Marks Card and relevant Document)*

IV. Internship Completion/Degree Certificate: (Only for Specialists/MBBS /AYUSH Doctors)

V. Registration Certificates: (KMC/KNC/Para Medical Board/ KAUP/Other)

VI. Experience Certificate: (Attach Valid Certificate If Any)

I hereby declare that the above mentioned information is correct to the best of my knowledge and belief.

Date:
Place: Name & Signature of Applicant