

Application Form

Application No.
(For Office Use Only)

PASTE (Do not Pin or Staple here). Paste recent pass port size colour photograph of size 3.5 cm X 3.5 cm. The Colour photograph should not be more than 3 months old.

Please put your signature across the photograph.

PLEASE FILL UP THE APPLICATION IN CAPITAL LETTER IN (Except Signature in CAPITAL LETTER)

Advertisement No. NBM/ADVERT/HHW/1451/21 Dated : 20/09/2021

Application for the post of Honorary Health Worker (HHW)

1. Name (In Capital Letter) :

FIRST NAME:

MIDDLE NAME:

SURNAME:

2. Father's / Husband's Name (In Capital Letter) :

3) DATE OF BIRTH (DD/MM/YYYY)

4) Age as on 01.01.2021 **Years** **Months**

5) Marital Status (Tick in appropriate box): **Married** **Divorced** **Widow**

6) Nationality:

7) Address :

7.1. PERMANENT ADDRESS (In Capital Letter) :

P.O :

Town / City :

Municipality : **Ward No:**

District :

State :

Pin code :

7.2. ADDRESS FOR CORRESPONDENCE (In Capital Letter) :

P.O:

Town / City:

Municipality : **Ward No:**

District:

State:

Pin Code:

8) Contact Details :

i. Mobile Number:

ii. Residence :

iii. E- mail id :

9) Academic Qualification (Madhyamik or equivalent and onwards):

Sl. No.	School/ Board/ University/ Institute	Degree/ Diploma	Year of passing	Duration	Percentage of marks obtained

10) Additional Qualification (If any) :

11) Extra Curriculum Activities (If any):