

Application format for Fellowship as Chief Minister Health Advisors.

Name										
Father's Name										
Email: Contact No./Mobile										
Date of Birth	D	D	M	M	Y	Y	Y	Y	Age as on 1.8,2018	
Gender Male/Female										
Caste Tick anyone	UR	<input type="checkbox"/>	SC	<input type="checkbox"/>	ST	<input type="checkbox"/>	BC-I	<input type="checkbox"/>	BCII	<input type="checkbox"/>
Physically Handicap	Yes	<input type="checkbox"/>	NO	<input type="checkbox"/>						
Address Present										
Permanent										
Residence- Rural/Urban										
Nationality										

Academic Qualifications: (Starting from most recent)

No.	From (MM/YY) To (MM/YY)	Degree / Diploma	Board/University	Specialization / Subjects	Percentage /

Work / Experience Summary, if any (Starting from most recent)

No.	From (MM/YY to MM/YY)	Organization	Designation	Major Responsibilities (Up to 50 Words)

Total relevant experience in years:

Tell us more about yourself:

1. What are your achievements till now and what are your future aspirations? (maximum 200 words)
2. What are the unique contributions you want to make through this Health Advisorship programme? (maximum 150 words)

Certification:

I, the undersigned, certify that to the best of my knowledge & belief the above mentioned details correctly describe my qualification, experience and myself.

Date

Place

Candidate's Signature