

## Deputy Director Health Services APPLICATION FORM



Photo

**Community Health Officer** 

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(All fi	elds in th	ne fo	•	•				form submitted w		reiected.)	
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	Languages Known: English Hindi Marath			1	Others (Please Specify below)						
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## ork / Experience Summary: (Starting from current / most recent)

Sr. No.	From (MM/YY)	To (MM/YY)	Organization	Designation	Responsibilities (Min. 30 and Max. 50 Words)	
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Total Experience (In Years & Months):				Relevant Experience to the post applied (In Years & Months):		
				Notice Period/Joining Time (Days):		

Details of Internship / Workshops/Conferences/Trainings Attended (If any):

## Declaration:

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue/false/incorrect or I do not satisfy the eligibility criteria my candidature will be cancelled, without assigning any reason thereof. I have read the content of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for.

Name:

Place:

Date: Signature

## Disclaimer:

The applicants are required to submit the duly filled application on or before the due date and time, failing which the application of the said applicant shall be treated as non-responsive. NHM shall not be responsible for late receipt or non-receipt of application/s for any technical reason or whatsoever. The applications received after due date and time shall not be considered.