



Application Form

Application No.
(For Office Use Only)

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

Advertisement No. **3267/VIII-II/23-24** Dated **08.01.2024**

Application for the post of Honorary Health Worker (HHW)

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.

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 01/01/2024 : 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 :

12) Language Known: (PLEASE TICK ✓)

| Sl. No. | Language | WRITING | READING | SPEAKING |
|---------|----------|---------|---------|----------|
| | | | | |
| | | | | |
| | | | | |

13) Check List of documents: (PLEASE TICK ✓ IN THE BOX)

| Sl. No. | Documents | Y/N | No. of documents enclosed (Photocopies) |
|---------|---|-----|---|
| 1. | Proof of age (Madhyamik Admit card) | | |
| 2. | Proof of Academic Qualification | | |
| 3. | Proof of residence (Aadhaar Card/Voter Card/Ration Card) | | |
| 4. | Caste Certificate | | |
| 5. | Others i) For married candidate – Marriage Certificate / Voter Card / Ration Card / Aadhaar Card mentioning the husband name ii) For widow candidate – Death Certificate of husband iii) For divorced candidate – Court order for divorced, if any | | |

Declaration:

I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. These conditions are acceptable to me and I fulfill these conditions. The details mentioned in the Application are true and I shall furnish the necessary documents in original whenever required.

If any information/ details found to be incorrect / false at any stage of the selection process or if any fact found to have been concealed by me or detected even after the appointment, my engagement likely to be terminated.

Date:

Place:

Full Signature of the Candidate