

APPLICATION FOR THE POST OF HEALTH OFFICER

OFFICE USE

SERAMPORE MUNICIPALITY

1st N.S. Avenue
P.S-Serampore, P.O-Serampore
Dist:Hooghly, PIN:712201



*Please affix here your
recently taken passport
size photograph
signed*

(IN CAPITAL LETTERS)

1. NAME OF THE CANDIDATE:

2. POSTS APPLIED FOR:

3. NAME OF FATHER/HUSBAND:

4. DATE OF BIRTH:

5. AGE AS ON 01.01.2021:

6. SEX:

7. NATIONALITY

8. RELIGION:

9. CASTE (GEN/SC/ST/OBC):

10. POSTAL ADDRESS:

11. E-MAIL ADDRESS (MANDATORY):

12. CONTACT NO:

12. EDUCATIONAL QUALIFICATION:

NAME OF EXAMINATION	YEAR OF PASSING	% OF MARKS	SUBJECTS	BOARD/ UNIVERSITY
OTHERS, IF ANY				

13. DETAILS OF RELEVANT WORK EXPERIENCE (STARTING WITH THE CURRENT OR MOST RECENT ONE) (ADD MORE CELLS AND PAGES IF REQUIRED)

SL.	ORGANISATION	POST HELD	PERIOD		TOTAL PERIOD (YEARS & MONTH)
			FROM	TO	
1					
2					
3					
4					
5					
6					

14. CURRENT SALARY IN RUPEES (PER MONTH): (INCLUSIVE OF ALL COMPONENTS)

15. WHETHER THE PRESENT ORGANIZATION WILL RELEASE IMMEDIATELY (IN CASE CONTRACTUAL ENGAGEMENT IS OFFERED) : YES / NO (INDICATE WITH ✓/MARK):

I DO HEREBY CERTIFY THAT ALL THE DETAILS STATED ABOVE ARE TRUE AND THAT IN CASE ANY INFORMATION PROVES FALSE MY CANDIDATURE WILL BE LIABLE TO BE CANCELLED.

DATE:

FULL SIGNATURE:.....

PLACE:

(Relevant self-attested documents for educational qualifications and work Experiences and No Objection from authority need to be attached with this application form and original documents will be checked at appropriate time to be notified in due course)