**Application Form**

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| --- |
| **Affix self attested photograph** |

**Name of applicant……………………………………..**

**Father’s/Husband’s Name……………………………………….**

**Date of Birth……/……/………….**

**Age of applicant as on 10/05/2018:**

**Days………….Months……………Year…………… (Attach High School Mark sheet)**

**Gender: M/F………**

**Aadhar Number: ……………………………**

**Category: UR/ST/SC/OBC……………………………..**

**Correspondence Address………………………………………………………………..**

**…………………………………………………………………………………………….**

**Mobile Number:…………………………….**

**E Mail id:…………………………………….**

**Qualification……………………………………….(Certificates)**

**Paramedical Council Registration Number…………………………….**

**Work experience…………………………………………………………(Certificates)**

**Presently working at ……………………………………as…………………………….**

**List of documents (Self attested)……………………………………………………….**

**……………………………………………………………………………………………..**

**Signature**

**Name of applicant**

**Date**

**Undertaking**

1. **I declare that the information given by me is truth & correct. If the information is found false or incorrect, my application/candidature shall be cancelled.**
2. **I declare that I have not been involved in any criminal or illegal activities or moral misconduct. There are no cases pending against me in the court of law.**

**Signature**

**Name of applicant**

**Date**