Application for the post of (MLHPs) at Sub-Cent	Middle Level Health Providers d as Health and Wellness Centres
Name of the District	

	part and the second second
	Please affix a recent

Please affix a recent Passport Size Photograph

Name of the Candidate	
Father/Husband Name	
Date of Birth (SSC certificate to be enclosed)	
Gender (Please tick)	Male / Female
Community Status (Certificate to be enclosed)	SC / ST / BC (A) / BC (B) / BC (C) / BC (D) / BC (E) / OC
In case of BC Whether belongs to Non-Creamy Layer (Please tick)	YES / NO (Certificate to be enclosed for Yes)
Whether Physically Handicapped	YES / NO (Certificate to be enclosed for Yes)
Whether NCC Instructor	YES / NO (Certificate to be enclosed for Yes)
Address for Communication:	±
Mobile No.	
Email Id	

Details of School Education

Class	Year of Education	Regular / Private	Name of the School	District of the School
1 st				
2 nd				
3 rd				
4 th				
5 th				
6 th				
7 th				
8 th				
9 th				
10 th				

Course	Year of Education	Year of Passing		of the College District	Name of the U	niversity
		0 W6 t F				
	egistration of tration No.	Regis	xam tration atc	Name of th	e Council where R	egistered
ean						Cell
Details of N	larks in Qualif	ying Exam			Date of the Health	
Consolidated Total Marks of the Exam		of Mark	Marks obtained by the Candidate		Percentage (%) obta Grade obtaine	
	THE STATE OF THE S				ROGISTINS OFF	rejii.
(r	- Item of L	ai.	- 59-7 F	May	DAZECIARIE SPR	
Γ		:		Sum	Teleminist.	cit
				1-1-1-1	PULL MATHMAS.	P 41 Hoat
7						
		D	ECLARA	ATION		
A 19			ECLARA		andre gen	and correct
		details provid	ded by m	e in the above a	application, are true	
to the best o	my knowledge	details provide. Any Misre	ded by me	e in the above a	of facts by me, if r	
to the best o	my knowledge	details provide. Any Misre	ded by me	e in the above a		
to the best o	f my knowledg Il forfeit my rig	details provide. Any Misre	ded by me	e in the above a	of facts by me, if r nsible for the same.	noticed at a
to the best of ater date, wi	f my knowledg Il forfeit my rig	details provide. Any Misre	ded by me	e in the above a	of facts by me, if r	noticed at a
to the best of ater date, with Dated:	f my knowledg Il forfeit my rig	details provide. Any Misre ht to appoint	ded by me presentat ment and	e in the above a	of facts by me, if r nsible for the same.	noticed at a
to the best of ater date, with Dated:	f my knowledg Il forfeit my rig	details provide. Any Misre ht to appoint	ded by me presentat ment and	e in the above a	of facts by me, if r nsible for the same.	noticed at a
to the best of atter date, with the Dated:	f my knowledge Il forfeit my rig sures (Xerox co	details provide. Any Misre ht to appoint	ded by me presentat ment and	e in the above a	of facts by me, if r nsible for the same. Signature of the C	ooticed at a
to the best of later date, with the Dated:	f my knowledge Il forfeit my rig sures (Xerox co	details provide. Any Misre ht to appoint	ded by me presentat ment and	e in the above a	of facts by me, if ransible for the same. Signature of the C	noticed at a
Dated:	f my knowledge Il forfeit my rig sures (Xerox co	details provide. Any Misre ht to appoint	ded by me presentat ment and icates)	e in the above a	of facts by me, if ransible for the same. Signature of the C	ooticed at a
Dated:	f my knowledge Il forfeit my rig sures (Xerox co	details provide. Any Misre ht to appoint	ded by me presentat ment and	e in the above a ion suppression I shall be respo	of facts by me, if r nsible for the same. Signature of the C	ooticed at a
Dated:	f my knowledge Il forfeit my rig sures (Xerox co	details provide. Any Misre ht to appoint	ded by me presentat ment and icates)	e in the above a ion suppression I shall be respo	of facts by me, if ransible for the same. Signature of the C	ooticed at a
Dated:	f my knowledge Il forfeit my rig sures (Xerox co	details provide. Any Misre ht to appoint	ded by me presentat ment and icates)	e in the above a ion suppression I shall be respo	of facts by me, if ransible for the same. Signature of the C	ooticed at a
Dated:	f my knowledge Il forfeit my rig sures (Xerox co	details provide. Any Misre ht to appoint	ded by me presentat ment and icates)	e in the above a ion suppression I shall be respo	of facts by me, if ransible for the same. Signature of the C	ooticed at a
Dated:	f my knowledge Il forfeit my rig sures (Xerox co	details provide. Any Misre ht to appoint to appoint to appoint to appoint the prices of certification of the certi	ded by me presentat ment and icates)	e in the above a ion suppression I shall be respo	of facts by me, if rensible for the same. Signature of the C	andidate
Dated:	f my knowledge Il forfeit my rig sures (Xerox co	details provide. Any Misre ht to appoint or pries of certification.	ded by me presentat ment and icates)	e in the above a ion suppression I shall be respo	of facts by me, if rensible for the same. Signature of the C	andidate

ACKNOWLEDGEMENT TO CANDIDATE

Application for the (MLHPs) is received)/Mid	dle Level Health Pro		
Name of the Candid	late	:				
Father/Husband Nar	me					
D				or morting this smill to on		
Date of Acknowled	gement	:				
		Male 7 Fem				
Signature		70 -				
Seal						
		ON LESY				
		pasolpies of at a program				
19990						
		ite				