

**APPLICATION FORM- HEALTH DEPARTMENT, HISAR  
XVTH FINANCE COMMISSION**

Application Form Fees(Rs. 750/- for Gen.  
Rs. 500/- for Res. Cat.)

**Application for the post of (Write S.No. & Name of post) \_\_\_\_\_**

**Applied in Category \_\_\_\_\_**

1. Name of the Candidate : .....
2. Father's Name : .....
3. Husband Name : .....
4. Sex : Male/Female
5. Date of Birth (DD/MM/YYYY) : .....
6. Married : Yes/No
7. Caste : .....
8. Category to which belong : (General/SC/BCA/BCB/SBC/EWS etc.)
9. Form Applied for : Gen ..... Reserved .....
10. Telephone/ Mobile No : .....
11. E-mail : .....
12. Aadhaar Number : .....
13. Family ID : .....
14. Home District : .....
15. Permanent Address : .....
- .....PIN CODE .....
16. Correspondence Address : .....
- .....PIN CODE .....
17. Educational/Professional Qualification:  
Kindly fill the total Marks obtained during Degree (eg Total Marks = 1st yr +2<sup>nd</sup> yr and so on .....

Paste recent  
coloured passport  
size photograph  
attested from  
Gazetted officer

| Examination Passed   | Board/University | Year of Passing | Maximum Marks | Marks Obtained | %age of Marks | Division | Subject |
|--|------------------|-----------------|---------------|----------------|---------------|----------|---------|
| 10 <sup>th</sup>   |                  |                 |               |                |               |          |         |
| 10+2/vocational/ intermediate  |                  |                 |               |                |               |          |         |
| MBBS   |                  |                 |               |                |               |          |         |
| MD Gyane/Paeds /<br>Medicine/Chest & TB/<br>DGO/DCH/DTCD/ DNB in these<br>speciality |                  |                 |               |                |               |          |         |
| BAMS   |                  |                 |               |                |               |          |         |
| Post Graduation in Ayurveda  |                  |                 |               |                |               |          |         |
| D Pharmacy   |                  |                 |               |                |               |          |         |
| B Pharmacy   |                  |                 |               |                |               |          |         |
| M Pharma   |                  |                 |               |                |               |          |         |
| GNM  |                  |                 |               |                |               |          |         |
| BSC Nursing  |                  |                 |               |                |               |          |         |
| MSC Nursing  |                  |                 |               |                |               |          |         |
| Diploma in ANM   |                  |                 |               |                |               |          |         |
| Promotional Training of MPHS F<br>/LHV Training course                               |                  |                 |               |                |               |          |         |
| DMLT   |                  |                 |               |                |               |          |         |
| Ophthalmic Assistant Diploma   |                  |                 |               |                |               |          |         |
| Diploma or Certificate course of<br>Dental Mechanic                                  |                  |                 |               |                |               |          |         |
| Graduation in Arts/science<br>(BA/BSc)   |                  |                 |               |                |               |          |         |
| MA/MSc   |                  |                 |               |                |               |          |         |
| PhD  |                  |                 |               |                |               |          |         |
| Diploma in Computer application  |                  |                 |               |                |               |          |         |
| PGDCA  |                  |                 |               |                |               |          |         |
| BCA  |                  |                 |               |                |               |          |         |
| MCA  |                  |                 |               |                |               |          |         |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| For Block ASHA Coordinator<br>Bachelor degree in Art having<br>optional subject of Sociology/<br>Psychology / rural development |  |  |  |  |  |  |  |
| Degree in Public Health<br>Mangement  |  |  |  |  |  |  |  |
| Any other course / Diploma  |  |  |  |  |  |  |  |

18. Total Experience: Year (s)..... Month(s) .....Day(s) (Govt/Semi Govt Only)

Kindly fill only relevant Post Qualification experience

| Name of Institution/<br>organization | Designation | From | To | Pay/Salary/Honorarium<br>p.m. | Total Period |
|--------------------------------------|-------------|------|----|-------------------------------|--------------|
|                                      |             |      |    |                               |              |
|                                      |             |      |    |                               |              |
|                                      |             |      |    |                               |              |

19. Registration with Haryana State Council for Ayurvedic MO/Pharmacist/Staff Nurses/ANMs/MPHS F/Dental Assistant/[Medical Council of India or any other State Medical Council of Indian Union (for MOs/Specialists)] :

| Name of Haryana State Registration Council | Registration No | Date/year |
|--|-----------------|-----------|
|  |                 |           |
|  |                 |           |

20. Detail of Document Attached:

- i. Matriculation Certificate
- ii. Degree/Diploma Certificate
- iii. Registration with Haryana state Council (Pharmacy/Nursing/Medical/Dental Assistant any other Technical) / Medical Council of India or any other State Medical Council of Indian Union (for MOs/Specialists)
- iv. Proof of Residence (Minimum 3 as per advt.)
- v. Proof of Category if any
- vi. 2 Recent Passport Size Attested Photograph
- vii. Experience certificate (only from any State Govt./ Semi Govt./ UT/ any Govt. Board/ Corporation) if any

viii. Any other certificate

21. Declaration: I hereby declare that

1. All the statements made in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the interview/selection/appointment, my candidature may be cancelled and action can be taken against me by the commission.
2. I have read the provisions in advertisement carefully and I hereby undertake to abide by them. I fulfil all the conditions of eligibility regarding age limits, educational qualifications etc. prescribed in the advertisement and other relevant rules and instructions.
3. I have never been convicted by criminal court.

Date: .....

Place: .....

Signature of Candidate

**For Office Use Only**

**Roll No of Applicant:** .....

**Name of Applicant:** .....

**Check List**

| S No | Certificates/Proof  | Yes | No | Remarks |
|------|---|-----|----|---------|
| 1    | Date of Birth Proof (Matriculation Certificate)   |     |    |         |
| 2    | Residence Proof (Any three as per advt.)  |     |    |         |
| 3    | Caste Certificate   |     |    |         |
| 4    | Basic Qualification   |     |    |         |
| 5    | Higher Qualification the same discipline  |     |    |         |
| 6    | Registration with Medical Council of India or any other State Medical Council of Indian Union (for Mos/Specialists) |     |    |         |
| 7    | Experience Certificate(any State Govt./ Semi Govt./ UT/ any Govt. Board/ Corporation)                               |     |    |         |

**Signature of Verifying authority**