

Affix recent
passport size
photograph

Puducherry State Health Mission

2nd Floor, Victor Simonel Street, Puducherry - 605 001.

Application Form - Contractual Appointment



Office use only

Code :

No. :

Post applied for

1. Name (in Capital letters) :

2. Father's / Husband's name :

3. Address for communication :

Email id:

Mob:

4. (i) Date of Birth :

 /

 /

Day Month Year

(Enclose attested photocopy of T.C. or Birth Certificate or SSLC Book 1st page)

(ii) Age as on 01.04.2014 :

 Years /

 Months /

 Days

5. Sex (✓ appropriately) : Female / Male

6. a. Community :

b. Nativity :

7. Marital Status (✓ appropriately): Married / Single

8. Nationality :

9. Educational/Professional qualifications: (Enclose attested photo copies of certificates - Qualification & Mark sheets)

Qualification (Degree / Diploma)	Period of study		Marks % (all subjects)	Institution / University
	From	To		

10. Registration in Indian Medical Council / Nursing Council/ others: State:
(Enclose attested photo copies of the certificate) No.:

Date:

11. Experience : (Enclose attested photo copies of the certificates)

	Designation	Institution (Name & Place)	From			To			Duration (Yrs)	Salary (Rs.)	
			day	mon	year	day	mon	year			
1											
2											
3											
4											

12. Employment Exchange Reg. No.:

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13. Any other relevant information:

Checked by

Verified by

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found incorrect or suppressed, my candidature at any stage is liable to be cancelled. I further understand that in case I am appointed on the basis of false and untrue information furnished, my services are liable to be terminated forthwith without any notice.

Date:

Signature of the Candidate