

APPLICATION FOR THE POST OF HEALTH OFFICER

To,
 The Chairperson,
 Board of Administrators,
 Halisahar Municipality,
 G.P. Road, P.O. Halisahar, Dist. North 24 Parganas.

Affix self attested
 recent colour
 passport size
 photo

1. Name of the Applicant (In Block Letter) :
2. Fathers/Husband Name (In block Letter) :
3. Permanent Address (In block Letters
P.O.....
 Dist..... PIN No.....
4. Sex :.....
5. Date of Birth (DD/MM/YYYY)...../...../.....
6. Age as on 01.01.2020.....Years.....Month(s).....Days(s)
7. Cast (General/SC/ST/OBC) :
8. Mobile Number :
9. E-mail ID :
10. Academic Qualification :

Sl. No.	Examination Passed	Board/Council/University	Year of Passing	Total Marks(Excluding Optional)	Marks Obtain (Excluding Optional)	% of Marks

11. Additional Qualification (If any) :.....

12. Experience Details **

Sl. No.	Name of the Employer	Institution Status (Govt./Pvt.)	Experience		
			Date of Joining	Date of Leaving	Total Month

**Experience Certificate to be given in Official Letterhead along with respective registration No. in case of Private Company.

Declaration

I hereby solemnly declare that the information furnished above are based on material records and are true to the best of my knowledge and belief. If any information furnished or any part of it is found to be incorrect my candidature is liable to be cancelled.

Place :

Date :

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Signature of the Applicant