

**Deputy Director Health Services**  
**Nashik Circle, Nashik**  
**Application Form**

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latest  
Photograph,  
Sign Across

Walk in Interview Date:-

Application for .....Municipal Corporation

(All fields in the forms are mandatory to be filled Incomplete form submitted will be treated as rejected)

Exact Name of Post applied for :		
Name:		
Father's/Husband's Name:		
Date of Birth(DD/MM/YYYY)	Blood Group:	Gender:
Marital status :	Existing NHM Employee (Yes/ No)	Nationality:
Original Category :	Applying for Category:	Caste Certificate Attached <b>Yes/No</b>
Demand Drafts Details :-		
Name of Bank -	DD Amount in RS.	DD Number

Address/Contact Details: (Name of the District and Pin code is compulsory)

Address(Present):	Address (permanent):(Write same if same as Present Address)
State	State
Pin:	Pin:
Contact No:	Contact No:
E-Mail Id Correspondence:	Alternate E-mail id for Correspondence (if any):

Languages Known: (Write "Y" / "N")	English	Hindi	Marathi	Other (Please Specify below)

Computer Proficiency:

Academic /Professional Educational all summary: (Starting form most recent)

From (MM/YY)	TO (MM/YY)	Degree/Diploma	University/Institute	Specialization/Subjects	Final Year Total Marks & Obtained Marks	Final Year Percentage (%)

Permanent Work Registration No: (Only for MO/Pharmacist /SN) :-

Work/Experience Summary :( Starting form current/most recent)

Experience in NHM (Experience of BVG will not be counted)

Sr. No	Form (MM/YY)	To (MM/YY)	Organization	Designation	Responsibilities (Min.30 & Max.50 Words)
Total Experience (In Years & Months):				Relevant Experience to the post applied (In Years & Months):	

Details of Internship /Workshops/Conferences/Trainings Attended (if any):

Declaration:

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 untrue/false/incorrect or I do not satisfy the eligibility criteria my candidature will be cancelled, without assigning any reason thereof. I have read the content of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for.

Name:

Place:

Date

Signature



Disclaimer:

The applicants are required to submit the full filled application on the day of walk in Interview

**Checklist for documents to be submitted during walk in Interview**

- 1) Full filled Application form in the prescribed format.
- 2) Nationalized/ Private bank demand Draft in favour of "DDHS Nashik" Payable at Nashik of Rs. 100/- for category & Rs. 150/- for open.
- 3) For MO/SN/Pharmacist Valid registration certificate. If not renewed, renewal receipt.
- 4) Graduation – All years marksheet.
- 5) If any post-graduation, Post-graduation certificate & Marksheet
- 6) Experience – a) If Existing NHM Employee, Proof of experience. (BVG Experience will not be counted)  
b) If not existing NHM Employee, Proof of experience in Health.  
( Govt, Semi Govt, ZP) etc.
- 7) Computer Proficiency - MS- CIT/ DOEACC Course- for the Post of Program Assistant if applicable.
- 8) For age Proof – School Leaving Certificate/ 10th or 12 th Passing Certificate
- 9) Two sets of documents – Self attested & with originals for verification.