

District Health & Family Welfare Society, Palwal

Application Form for Recruitment under NHM 2025

Paste Passport Size Photo

Post Applied For: _____

Advertisement No.: _____ Date: ____ / ____ / 2025

Name of the Candidate: _____

Father's/Husband's Name: _____

Date of Birth (DD/MM/YYYY): _____

Gender: Male Female Other _____

Marital Status: Married Unmarried _____

Category: General SC BC-A BC-B EWS Others _____

Aadhaar Number: _____

Nationality: _____

2. Contact Details

Correspondence Address: _____

District: _____

State: _____

Pin Code: _____

Mobile No.: _____

Email ID: _____

3. Educational Qualification

Examination	Board/University	Year of Passing	Subject/Stream	Percentage/Grade

4. Technical Qualification (if applicable)

Course Name	Institute Name	Year of Completion	Certificate Attached (Yes/No)

District Health & Family Welfare Society, Palwal

Application Form for Recruitment under NHM 2025

Past

5. Work Experience

Organization Name	Designation	From (MM/YY)	To (MM/YY)	Total Duration	Responsibilities

6. Declaration

I hereby declare that all the information provided above is true and correct to the best of my knowledge. If any information is found false/incorrect, my candidature may be rejected.

Place: _____

Date: ____ / ____ / 2025

Signature of the Applicant: _____

Checklist of Enclosures (Self-Attested Copies)

- ☐ 10th Certificate (DOB Proof)
- ☐ Educational Qualification Certificates
- ☐ Technical Qualification Certificates
- ☐ Experience Certificates
- ☐ Category Certificate (if applicable)
- ☐ Aadhaar Card
- ☐ Residence Proof
- ☐ Recent Passport-size Photograph (2 copies)