

**APPLICATION FORM**  
**STATE HEALTH SOCIETY**  
**NATIONAL HEALTH MISSION, UT OF LADAKH**

1. Post applied for. \_\_\_\_\_ Notice No- \_\_\_\_\_
2. Name of Candidate \_\_\_\_\_
3. Parentage (Father/Mother Name) \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Complete Address \_\_\_\_\_  
 District \_\_\_\_\_, Block \_\_\_\_\_
6. E-mail ID. \_\_\_\_\_ Contact Nos \_\_\_\_\_



7. Details of Academic Qualification:-

Examination passed	Examining Body/ Board/University	Year of Passing	Marks obtained	Total marks	%age

8. Date of completion of qualifying degree \_\_\_\_\_
9. Post Qualification Experience :-  
 Duration \_\_\_\_\_ years \_\_\_\_\_ Months

10. **List of Supporting Documents**

- A.** Address Proof:- Passport/Aadhar card/Pan card, Residence certificate **B.** Degree/Diploma from Recognized institution **C.** Registration Certificate. **D.** Marks Cards. **E.** Experience Certificates

**The Statements in this application are true to the best of my knowledge and belief.**

Signature of applicant

APPLICATION FOR CONTRACTUAL APPOINTMENT UNDER NHM, STATE HEALTH SOCIETY, UT LADAKH

ADMIT CARD

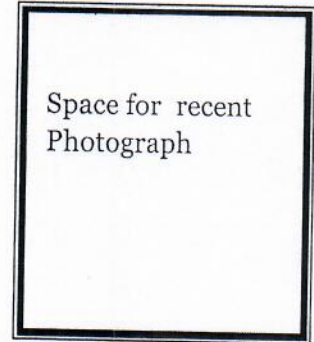
Post for which applied \_\_\_\_\_

Name \_\_\_\_\_

Fathers Name \_\_\_\_\_

Permanent address \_\_\_\_\_  
\_\_\_\_\_

Roll No Allotted \_\_\_\_\_ S.No \_\_\_\_\_ Dated \_\_\_\_\_



Signature of the applicant.

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APPLICATION FOR CONTRACTUAL APPOINTMENT UNDER NHM, STATE HEALTH SOCIETY, UT LADAKH

ADMIT CARD

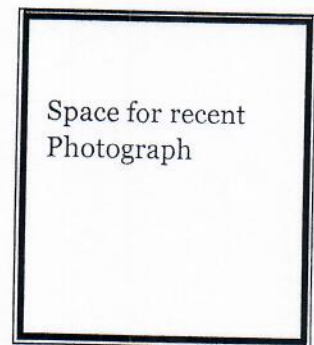
Post for which applied \_\_\_\_\_

Name \_\_\_\_\_

Fathers Name \_\_\_\_\_

Permanent address \_\_\_\_\_  
\_\_\_\_\_

Roll No Allotted \_\_\_\_\_ S.No \_\_\_\_\_ Dated \_\_\_\_\_



Signature of the recipient