# State Institute of Health and Family Welfare, Rajasthan

**APPLICATION FORM**

**(Downloadable)**

 To,

 The Director

 State Institute of Health and Family Welfare

 Jhalana Institutional Area,

 South of Doordarshan Kendra

 Jaipur- 302004

 Dear Madam/Sir,

 With reference to the advertisement No. ------------------------------------- Dated---------------------, that appeared in ----------------------- (Name of new paper), I submit my application for the post as follows

1. Position applied for:

**Photo**

2. Name (In Block Letters):

3. Father/Husband’s Name:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y |  Y |

4. Date of birth (DD/MM/YY):

5. Sex: Male Female Other

|  |  |  |  |
| --- | --- | --- | --- |
| SC | ST | OBC | Gen. |

 6. Category (√ the appropriate box):

7. Nationality

8**.** Marital status: Unmarried Married Annulled Marriage

9. No of Children (Please mention Number) Male Female

|  |  |  |  |
| --- | --- | --- | --- |
| Instrument No. | Drawn on  | Date of issue | Payable at |
|  |  |  |  |

10. Details of DD

11. Postal address (Mandatory)

12. Permanent address:

13. Email-id\* **(**Mandatory**)**

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| --- | --- | --- |
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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

14. Telephone No (With STD Code)

15. Mobile No.\* **(**Mandatory**)**

16. Educational qualification (Secondary onwards. Please list all your qualifications starting from the highest qualification acquired):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Degree** | **University / Board & location** | **Year of Passing** | **Percentage / Rank/Grade** | **Major Subjects** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

17 Details of Post qualification Experience (Starting from the present one)

 (Use separate sheets if required)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Designation** | **Name of organization** | **From (month/year)** | **To (month/year)** | **Name of employer** | **Major responsibilities** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

18. Employment record:

1. Total years of post qualification experience:
2. Years of experience in the development/ health sector:
3. Years of experience in Government:

19. Would you accept contractual employment for less than one year YES NO

20. Last drawn Pay/ Remuneration

21. Any other information:

**Declaration:**

I certify that all information furnished by me are true, complete and correct to the best of my knowledge.

I am solely responsible for all above mentioned Information.

Signature with full Name:

Date:

Place: