

Application No. : (Office Use only)	
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MOBILE MEDICAL UNIT
NATIONAL HEALTH MISSION, DISTRICT NASHIK
 (Year 2025-26)

(Advertisement No.05/2025 Publish Daily Sakal & Maharashtra Times Date 26/06/2025)

Application Form

STICK RECENT PHOTO HERE

Applying Post Name :- _____

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

Name:				
Father's/Husband's Name:				
Date of Birth:			Blood Group:	Gender:
DD	MM	YYYY		Marital status :
Age :			Existing NHM Employee (Yes/ No)	Nationality:
Original Category :			Applying Category :	Caste Certificate Attached : Yes/No

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

Address:
State
Pin:
Contact No:
E-Mail Id Correspondence:

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 (%)

Note – CGPA/SGPA/ Grade Points conversion in percentage should be provided by candidate from respective university/college signed copy.

List of Documents self-attested copy to be attached with Application:

- 1) Application form Duly filled in the prescribed format.
- 2) Small Family Certificate
- 3) Educational Certificate
- 4) Experience Certificate
- 5) Caste Certificate & Caste Validity Certificate
- 6) For age Proof – School Leaving Certificate/ 10th Passing Certificate / Domicile Certificate
- 7) Computer Proficiency - MS-CIT/ DOEACC Course- for the Post if applicable.
- 8) ABHA Card
- 9) Other

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

Sr. No	Form (MM/YY)	To (MM/YY)	Total period In Years & Months	Organization	Designation	Responsibilities (Min.30 & Max.50 Words)	<u>Experience certificate</u> Outword no., Date
<u>Government Experience :</u>							
<u>Semi-Government Experience :</u>							
<u>Private Experience</u>							
Total Experience (In Years & Months): A) Government: B) Semi Government: A) Private:					Relevant Experience to the post applied (In Years & Months): A) Government: B) Semi Government: A) Private:		

Computer Proficiency:	
Typing Skill :	Marathi Typing 30 wpm (Yes/No) : English Typing 40 wpm (Yes/No) :
Demand Draft Information	DD Amount : DD No.: Date:- / / Bank Name :

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 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:****Form Submission Date :****Signature**

Disclaimer:

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

(OFFICE USE ONLY)

Remark :- _____

Name of Authority:- _____ Signature of Authority:- _____

प्रतिज्ञापन

नमुना अ

मी श्री./श्रीमती/कुमारी

श्री.....यांचा/यांची मुलगा/मुलगी/पत्नी

वय..... वर्ष, राहणार,.....

याद्वारे असे जाहिर करतो/करते की,

(१) मी या पदासाठी माझा अर्ज दाखल केलेला आहे.

(२) आज रोजी मला(संख्या) इतकी हयात मुले आहेत. त्यापैकी दिनांक २३ जुलै, २०२० यानंतर जन्माला आलेल्या मुलांची संख्या आहे. (असल्यास जन्मदिनांक नमूद करावा)

(३) दिनांक २३ जुलै, २०२० रोजी हयात असलेल्या मुलांची संख्या दोनपेक्षा अधिक असेल तर दिनांक २३ जुलै, २०२० व तदनंतर जन्माला आलेल्या मुलांमुळे या पदासाठी मी अनर्ह ठरविण्यास पात्र होईल याची मला जाणीव आहे.

ठिकाण:-

सही/-

दिनांक:-