

APPLICATION FORM FOR THE POST OF BLOCK PROGRAMME COORDINATOR (ASHA)

(Fill-up the application in CAPITAL LETTTERS with Blue Ball point pen only)

Paste Self Attested one passport size recent colour Photograph.

1. Name of the Sub-Division applied for:.....

2. Name of the Candidate (in capital Letter & use space between two words):

3. Father's/Husband's Name:

4. Sex (Male/Female).

5. Date of Birth (DD/MM/YYYY):/...../.....

6. Address for Communication (in Capital Letter) :-

Vill:.....Post:.....G.P:.....Block:.....

P.S.Sub-Division:.....PIN No:.....

7. Permanent Address (in Capital Letter):-

Vill:.....Post:.....G.P:.....Block:.....

P.S.Sub-Division:.....PIN No:.....

8. Category..... [SC/ST]

9. Contact No.:..... E-mail ID:.....

10. Educational Qualification:-

Sl. No	Examination Passed	Board/Council /University	Year of Passing	Subject	Full Marks	Marks Obtained	% of Marks	Division/ Class
1	Secondary			N.A				
2	Higher Secondary			N.A				
3	Graduate			N.A				
4	Post-Graduate							

12. Knowledge of Computer:

Sl. No.	Name of Degree/ Course	Year of Passing	Name of the Institution	Affiliation under	Result/Marks/ Div./Class/Grade
1					
2					

13. Experience in health project [For more space may use separate sheet (Aux-B) as same format, if required]

Sl. No.	Name of the Post	Name of the Project / Scheme etc.	Name of the Institution / Department	Government/ Non Government	Duration of Experience		
					FROM	TO	Total (months)
1							
2							
3							

I do hereby declare that the entire document and all information submitted in this application for are to the best of my knowledge and belief. I understand that if any of the information is found false, my application will stand cancelled and action will be taken against me as per law.

Date:

Place:

Full Signature of Candidate