

**GOVERNMENT OF WEST BENGAL  
DISTRICT HEALTH AND FAMILY WELFARE SAMITI  
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH  
BISHNUPUR HEALTH DISTRICT, BISHNUPUR, BANKURA**

**APPLICATION FORM**

To  
The CMOH  
Office of the CMOH  
Bishnupur Health District,  
PO-Bishnupur, Dist.-Bankura  
Pin- 722122.

Affix recent passport  
size photograph duly  
self attested

1. Post applied for:.....
2. Serial No. of Post :.....
3. Name (In capital letter):.....
4. Father's / Husband Name : .....
5. Address for communication: C/O.....  
Vill/ Town/ Road: .....  
Post Office: ..... P.S .....  
Dist ..... Pin .....
6. Date of Birth(DD/MM/YYYY):.....
7. Age as on date of Advertisement: .....
8. Sex : Male / Female /Others (Please tick)
9. Marital Status: Married /Unmarried (For married female candidate Marriage Registration Certificate is required to be attached)
10. Nationality: .....
11. Voter ID no/ Aadhar no: .....
12. E-mail Id .....
13. Mobile No: .....
14. Category: ( please ✓ in box)

Gen	SC	ST	OBC-A	OBC-B	Others

**15. Professional /Technical/Computer Knowledge:**

Sl.No.	Name of Course	Name of institute/ Board/University	Year of passing	Duration of Course	Subject	Full Marks	Marks Obtained	% of Marks/ Grade

**6. Educational Qualification:**

Sl. No.	Exam Passed	Board / Institution / University	Year of Passing	Total Marks	Marks obtained	Percentage (%)
1.						
2.						
3.						
4.						
5.						

**17. Experience: Yes/No (if yes, filled the details)**

Name of the Post	Name of the Organization	Govt. / Private	Duration		Total Experience (in months)
			From	To	

**18. Enclosure:**

Sl.No.	Documents (self attested Xerox copy)	Documents Submitted (Yes/No)
1	Age Proof	
2	Residential proof	
3	Caste Certificate	
4	Secondary passed along with mark sheet	
5	Higher Secondary passed along with mark sheet	
6	Graduation passed along with mark sheet and certificate	
7	Post Graduation passed along with mark sheet and certificate	
8	Mark Sheet, Certificate in computer/technical/ professional knowledge of qualification	
9.	Joining letter/ appointment letter	
10.	Experience certificate	
11.	Driving license (for the post of PPM coordinator)	
12.	Others (if any)	

**DECLARATION:-**

I hereby solemnly declare that the particulars furnished above are materially true, correct and complete to the best of my knowledge. In case of any discrepancy my candidature is liable to be summarily rejected by the Selection Committee without any notice.

Date:

Place:

(Full signature of Applicant)