



Kolkata Municipal Corporation
Health Department
5, S.N. Banerjee Road Kolkata - 13

Photo
Attach

Signature

Application Format for the post of Counsellor

1. Name in full (Block Letters):
2. Guardian's Name:
3. a) Date of Birth according to Madhyamik:
Or equivalent examination certificate:
b) Age as on 01.01.2023:
4. Are you physically handicapped?
5. Caste :
6. Postal Address (in Capital Letters) to which Communication should be sent (mentioning PO, Sub-Division, District, Pin Code)
7. Contact No.
8. Email ID :
9. Permanent address (in capital letters):
10. a) Whether citizen of India, write Yes or No:
b) Whether a natural citizen of India or citizen by registration
11. Educational/Qualifications

Name of the Exam	Name of the Board/University	Full Marks	Marks Obtained	% of Marks	Division/Grade	Year of Passing
Madhyamik						
Higher Secondary						

12. Professional / Other Qualifications or Specialization:

Name of the Exam	Name of the Board / University	Registration No	Full Marks	Marks Obtained	% of Marks	Year of Passing
Graduation						
Post Graduation						

Details of Experience :

Declaration

I do hereby declare that all the statements given above by me are true and correct in all respect. If any statement found false at the time of examination/interview or after my appointment then my candidature will liable to be cancelled or my service will terminate automatically.

Place :

Full Signature of the candidate

Date :