

**Annexure-A**  
**APPLICATION FORM FOR CONTRACTUAL APPOINTMENT UNDER**  
**STATE HEALTH SOCIETY**

Attested  
Passport size  
Photograph

1 Post Applied for:

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2 Adv. Notice No:

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3 Name of candidate:

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4 Parentage

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5 Date of Birth:

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6 Permanent/Present Contact Address:

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7 E mail Address

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8 Permanent Telephone No. (STD code)

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9 Languages Spoken /Written

10. Details of Technical Qualification:-

Examination Passed	Examining Body/Board/University	Year of Passing	Marks Obtained	Total Marks	%age

11. Date of declaration of result of technical Qualification \_\_\_\_\_

12 Experience if any \_\_\_\_\_  
Duration \_\_\_\_\_ Years \_\_\_\_\_ months

13 Documents

a) \_\_\_\_\_ b) \_\_\_\_\_

c) \_\_\_\_\_ d) \_\_\_\_\_

14 I do hereby declare that

- i. The Statement in this application is true to the best of my acknowledge and belief
- ii. I have never been debarred from appearing at any examination/Interview.
- iii. I have never been arrested /prosecuted or involved in any criminal case registered by the police or convicted by a criminal court.
- iv. I undersigned that any willful concealment of the facts shall result in the cancellation of my candidature and may also debar me from applying for future selection.

I shall accept the selection made by the selection committee which will be binding on me

Signature of Applicant

**Note: You will be required to supply documentary evidence, which supports the statements you have made above before the interview.**