

Application form for Bridge Programs on certificate in Community Health

1	Name of the Candidate	
2	Name of Mother	
3	Name of the Father/Husband	self attested Photo
4	Permanent address	
5	Correspondence address	
6	Contact No.	
7	Email ID	
8	Date of Birth(DD-MM-YYYY)	
9	Sex	
10	Age as on 01.09.2016 in Year & Month	
11	Present Place of Posting	
12	Category (Gen/EBC/BC/SC/ST) mention whichever is applicable	
13	Whether caste certificate issued by competent authority attached	Yes No
14	Qualification of Candidate	
15	Exam Passed	Total Marks Marks Obtained %Obtained
16	B.sc Nursing	
17	GNM (RNRM)	
18	Intermediate	
19	Matriculation	
20	Details of experience in Govt. Health Facility as Staff Nurse (Mention in year & months)	
21	Whether regular/contractual employees.	Yes No
22	Whether proficient in regional/local language of Bihar	Yes No
Note :- The Shortlisting of candidates for written Examination will be on the basis of qualification and experience.		
Declaration by Candidate:- I hereby declare that all the details furnished by me are correct and authentic. In case of any information found false, my candidature may be cancelled and appropriate action be taken.		
Place & Date		Signature of Applicant