## Annexure 1

## STATE HEALTH SOCIETY, BIHAR

Application Form

(To be filled by the Officer, SHSB)

**Registration No** 

(To be filled by the candidate in CAPITAL LETTERS)							
1. Post Applying For*						paste ssport oto 3x4"	one size
2. Date of Walk-in-Interview				(ii) <u>Attach</u>		<u>color</u> with	
3. Name of the Candidate (As in 10 <sup>th</sup> Certificate) *					ap	plication corner)	
		Persona	l Details				
4. Category (UR/EWS/MBC/BC/SC/ST/BC(F))							
4a. Do you claim for reservation (Yes/No)	4b. If Yes, Submission of Non-Creamy Layer Certificate (Yes/No)		4C.Xerox Copy submitted (Yes/No)				
5. Do you claim for reservation against persons with disability(PWD) (Yes/No)	5a. If Yes, Percentage of disability		5b.Xerox Copy submitted (Yes/No)				
6. Sex (Male/Female)							
7. Name of Father (As in 10 <sup>th</sup> Certificate) /Husband							
8. Name of Mother							
9. Date of Birth (dd/mm/yyyy)							
9a. Age (As on 01.08.2021)	Years		Months		Day		
10. Resident of Bihar (Yes/No)				<u>.</u>		Xerox o attach (Yes/I	ned

10.a. If Yes (Please mention Domicile Certificate No & Date issued by BDO/SDO/DM)							
10.b. If Yes (Caste Certificate issued by							
CO/SDO/DM) 11. Proof of Identification (Voter ID/Aadhar							
card/DL/PAN/Passport or any other proof issued by Govt.)							
12. PAN No (If available)							
13. Email Id							
14. Mobile No							
15. Permanent Address :-	1						
16. Correspondence Address : -							
17. Deta	ails of Academic	& Profess	sional Qu				
Qualification Name of Board/ University/Institution	Specialization on (If Any)	Passing year	Full	Marks	Aarks %	Xerox Copy Submitted	
		ycui	Marks	Secured	70	(Yes/No)	

	18. Details of work Experience (If any)							
S.N.	Nar	ne of Employer	Designation	From	To	Total experience in month	Xerox Copy Submitted (Yes/No)	
		19. For Refere	nce Check (Pl	ease pro	vide follo	wing details)		
•	1) Name & Designation :			2) Name & Designation :				
Mob	ile No.:	lo.:		Mobile No.:				
Em	mail ID:		Email ID:					
20. Declaration by the candidate								
I hereby declare that all the above information & documents submitted are correct. I understand that in the event of any information being found suppressed/false or incorrect or any ineligibility being detected before or after joining, my Candidature/ appointment is liable to be cancelled and legal action may be taken against me.								
Name & Signature of the candidate Date:								
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21. ( To be filled by Docum	nent Verification Team, SHSB)
19.a Remarks on Academic & Professional Qualification	19.b. Remarks on Working Experience (if any)
	cument Verification
(10 be filled by Docu	ument Verification Team)
Qualified/Conditionally Cleared/Disqualified:	
Any other remarks:	
	Name & Signature of Document Verification Team
	Date

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