

# 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*		(i) <u>Please paste one passport size photo 3x4"</u>  (ii) <u>Attach one color photo with application form on corner</u>
2. Date of Walk-in Recruitment		
3. Name of the Candidate (As in 10 <sup>th</sup> Certificate) *		

### Personal 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. Gender (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 01.01.2021)	Years		Months		Day
10. Resident of Bihar (Yes/No)					Xerox copy attached (Yes/No)

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 :-

16. Correspondence Address :-

**17. Details of Academic & Professional Qualification**

Qualification	Name of Board/ University/Institution	Specialization (If Any)	Passing year	Marks			Xerox Copy Submitted (Yes/No)
				Full Marks	Marks Secured	%	

### 18. Details of work Experience (If any)

S.N.	Name of Employer	Designation	From	To	Total experience in month	Xerox Copy Submitted (Yes/No)

### 19. For Reference Check (Please provide following details)

<b>1) Name &amp; Designation :</b>		<b>2) Name &amp; Designation :</b>	
<b>Mobile No.:</b>		<b>Mobile No.:</b>	
<b>Email ID:</b>		<b>Email ID:</b>	

### 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:

**21. ( To be filled by Document Verification Team, SHSB)**

19.a Remarks on Academic & Professional Qualification

19.b. Remarks on Working Experience (if any)

**22. Status of Document Verification**  
*(To be filled by Document Verification Team)*

*Qualified/Conditionally Cleared/Disqualified:*

*Any other remarks:*

*Name & Signature of Document Verification Team*

*Date*