## STATE HEALTH SOCIETY, BIHAR

Application Form

(To be filled by the Officer, SHSB)

Applicant No:

(To be	filled by th	he candic	late in CAPI	TAL LETTE	RS)		
1. Name of the Position					Please paste o	190	
2. Date of Submission of form	1	a	1		3x4"  (Attach one color photo with application form on corner)		
3. Name of the Candidate					corn	<u>er)</u>	
	Р	ersona	l Details				
4. Sex (Male/Female)		12.7			il da		
5. Name of Father/Husband		ı	3			4	
6. Name of Mother	18 1 18 1						
7. Date of Birth (dd/mm/yyyy)				*	9		
8. Age (As on 01.09.2020)	Years		Months		Day	1	
9. Proof of Identification (Voter ID/Aadhar card/DL/PAN/Passport or any other proof issued by Govt.)						Xerox copy attached (Yes/No)	
10. PAN No (If available)	-					Xerox copy attached (Yes/No)	
11. Email Id							
12. Mobile No					7		

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	15. Deta	ils of Academic a	& Profession	onal Quali			
ualification	Name of Board/ University/Institution	Specialization (If Any)	Passing year	Total	Obtain.	Marks %	Xerox Cop Submittee (Yes/No)
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	1	6. Details of wor	k Experi	ence (If a		
S.N.	Name of Employer	Designation	From	То	Total experience in month	Xerox Copy Submitted (Yes/No)
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				*		
	49'					
	17. For Refe	rence Check (Ple	ase pro	vide follo	wing details)	
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Mobil	e No.:		Mobi	le No.:	A Section of the Sect	1
Ema	il ID:		Ema	il ID:		1
		18. Declaration	by the c	andidate		
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formati	declare that all the above info ion being found suppressed/false nent is liable to be cancelled and l	or incorrect or any in	eligibility be	eing detected	:. I understand that in I before or after joining	the event of c g, my Candidatu
				Sign	nature of the candidate	

19.a Remarks on Academic & Professiona	I Qualification 19.b. Remarks on Working Exper	ience (if any)
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20	). Status of Document Verification	
	be filled by Document Verification Team)	
ared for Interview/Conditionally Cleared	d/Not Cleared for Interview Round:	
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	Signature of Document Verij	ication Team Superv
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