



jkT; LokLF; I febr] fcgkj

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**jkT; ea dk; j]r LokLF; dfez ka dks ,p- ,e- vkb- ,l- (HMIS) ij
cf'k{k.k gsrq cf'k{kdkdks dk dk;Z vk/kfjr p;u ds fy, vkonu &**

dy cf'k{kdkdks dh I ;k & 90 %u0c3/2

jkT; LokLF; I febr usfoxr o"kkz ea yxkrkj iz kl ds i'pkr 533 i kFkfed LokLF; d b n k a d s } k j k i n k u d h t k j g h L o k L F ; I o k v k a d k i f r o n u v k k y k b u f d ; k t k j g k g a b l s v k j v f / k d I q i < + d j u s g s r q m i L o k L F ; d b n z d s L r j I s v k k M k s d k s I d f y r d j u s d s f y , L o k L F ; d f e z k a d k s L o k L F ; I p u k & r l = d s M k v k , f y e b V i j i f ' k { k r f d ; s t k u s d k f u . k z f y ; k x ; k g a f t l d s f y , i f ' k { k d k a d h v k o ' ; d r k g a t k s f d f u / k k z j r f r f k ; k a d k s i k F k f e d L o k L F ; d b n k s i j t k d j L o k L F ; d f e z k a d k s i f ' k { k r d j a a i f ' k { k d k a d k s f y , v k o ' ; d v k g r k z a f u E u f y f [k r g a %

; k ; r k , o a v u k o &

- 1- vH; kFkhZ dks ifcyd gYFk ea dkbZ fMxh vFkok fMlykæ ds I kFk 2 o"kkz dk LokLF; ds {ks= ea dk; kZu]ko gk] vFkok
- 2- fdl h Hkh {ks= I s Lukrd dh mi k f / k , o a L o k L F ; d s { k s = e a d e I s d e i k p o " k k z d k d k ; Z v u k o 1/4 i f ' k { k . k e a v u k o d k s i k F k f e d r k n h t k ; s h 1/2 g s A
- 3- vH; kFkhZ dks MS-Office, Internet , o a Web-portals ij dk; Z d j u s d h n { k r k g k s u k v f u o k ; Z g a 1/2 d e I ; w j i f ' k { k . k e a i k r I V h Q d s / / k k j ; k a d k s i k F k f e d r k n h t k ; s h 1/2 A
- 4- ; k ; e f g y k v H ; f F k z k s d k s i k F k f e d r k d s v k / k k j i j i f ' k { k d d s : i e a p ; u f d ; k t k ; s k A

p;u dh 'kr&

- 1- ; g p ; u d k ; & v k / k k j r g l o k A p ; f u r v H ; k F k h Z i f ' k { k . k I s I a d i / k r x r f o f / k d s f y , c u k ; s x ; s j k T ; L r j h ; i s u y d s I n L ; g l o k s A
- 2- i f ' k { k . k n s u s d s f y , p ; f u r v H ; k F k z k a d k s r h u f n u k a d k j k T ; L r j i j i f ' k { k . k f n ; k t k ; s k , o a i f ' k { k . k d s i ' p k r - i f ' k { k d k s d h d q k y r k d k e q ; k a d u f d ; k t k ; s k r F k I Q y i f r H k f x ; k a d k s d k ; Z v k o i V r f d ; s t k ; s A
- 3- i f ' k { k d k s d k s d o y i f r f n u d s v k / k k j i j e k u s r F k k v k o k l , o a i f j o g u d k H k U k k n s g l o k A
- 4- i f ' k { k d k s d k s j k T ; L r j d s M k v k v f / k d k j h d k s f u / k k z j r i i = e a v i u k d k ; Z i f r o s n r d j u k g l o k A
- 5- b l i f 0 ; k d s e k / ; e I s p ; f u r v H ; k F k h Z d k s H M I S d s i f ' k { k . k d k ; Z e a I g ; k s x i n k u d j u s g s r q v k e i = r f d ; k t k j g k g s f t u d k e k u s i f ' k { k . k x r f o f / k ; k a i j v k / k k j r g l o k A

vH; kFkhZ vi uk ck; k&MkVv fu/kkZjr ii = ea ocl kbV www.statehealthsocietybihar.org ds Selection of Trainers for HMIS training ds fyad I s MkmuykM dj vi uk ck; k&MkVv bZsy ds ek;/e I s statehealth_society@yahoo.co.in ij cdk'ku dh frfFk I s 10 fnuka ds vj ij i f ' k r d j a A

dk; i lyd funskd
jkT; LokLF; I febr] fcgkj

Bio-Data Format

<i>Application for</i>				
Name of Applicant				
Present Address				
Permanent Address				
Contact Number				
E-mail				
Father's/ Husband's Name				
Date of Birth				
Marital Status				
Nationality				
<i>Academic background (Starting from highest)</i>				
SN	Qualification	School/Institute/University	Year of passing	Percentage of Marks/ grades obtained (if any)
1				
2				
3				
4				

Technical Qualification (Starting from highest)

SN	Qualification	School/Institute/University	Year of passing	Percentage of Marks/ grades obtained (if any)
1				
2				
3				
4				

Trainings and workshops attended

SN	Topic	Institution/Organization	Year	Objective of the training/workshop
1				
2				
3				
4				

Work Experience (starting from the latest)

Experience 1	From	
	To	
	Name of the Organization with its brief profile	
	Designation held	
	Brief profile of the responsibilities held	

Experience 2	From	
	To	
	Name of the Organization with its brief profile	
	Designation held	
	Brief profile of the responsibilities held	
Experience 3	From	
	To	
	Name of the Organization with its brief profile	
	Designation held	
	Brief profile of the responsibilities held	
<i>Any other information that the candidate would like to give in support of his/her candidature</i>		

Place:

Date:

(Signature)