

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-Interview		
3. Name of the Candidate (As in 10 th 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. Sex (Male/Female)					
7. Name of Father (As in 10 th 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)					Xerox copy attached (Yes/No)

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)

1) Name & Designation :		2) Name & Designation :	
Mobile No.:		Mobile No.:	
Email 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.

Date:

Name & Signature of the candidate

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