

**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. Name of the Position      |  | Please paste one passport size photo<br>3x4"<br>(Attach one color photo with application form on corner) |
| 2. Date of Walk-in-Interview |  |  |
| 3. Name of the Candidate     |  |  |

**Personal Details**

|   |       |   |        |                                      |                                    |
|---|-------|---|--------|--------------------------------------|------------------------------------|
| 4. Category<br>(UR/EWS/MBC/BC/SC/ST/BC(F))  |       |   |        |                                      |                                    |
| 4a. Do you claim for reservation<br>(Yes/No)  |       | 4b. If Yes,<br>Submission of Non-Creamy<br>Layer Certificate (Yes/No) |        | 4c. Xerox Copy submitted<br>(Yes/No) |                                    |
| 5. Do you claim for reservation<br>against persons with disability(PWD)<br>(Yes/No) |       | 5a. If Yes,<br>Percentage of disability                               |        | 5b. Xerox Copy<br>submitted (Yes/No) |                                    |
| 6. Sex (Male/Female)  |       |   |        |                                      |                                    |
| 7. Name of Father/Husband   |       |   |        |                                      |                                    |
| 8. Name of Mother   |       |   |        |                                      |                                    |
| 9. Date of Birth (dd/mm/yyyy)   |       |   |        |                                      |                                    |
| 9a. Age (As on 01.08.2019)  | Years |   | Months |                                      | Day                                |
| 10. Resident of Bihar (Yes/No)  |       |   |        |                                      | Xerox copy<br>attached<br>(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)

|                                    |  |                                    |  |
|------------------------------------|--|------------------------------------|--|
| <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.*

*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)**

*Cleared/Conditionally Cleared/Not Cleared for Interview Round:*

*Any other remarks:*

*Signature of Document Verification Team*