STATE HEALTH SOCIETY, BIHAR

Application Form

(To be filled by the Officer, SHSB)

Registration No

(To be	e filled l	by the cand	didate in CAPIT	AL LETTE	RS)	
1. Name of the Position					size	one passport photo (4"
Date of Walk-in-Interview Name of the Candidate					(Attach one with applica	color photo tion form on ner)
		Person	al Details			
4. Category (UR/EWS/MBC/BC/SC/ST/BC(F))						
4a. Do you claim for reservation (Yes/No)			of Non-Creamy icate (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	e of disability		5b.Xerox C submitted (Ye	
6. Sex (Male/Female)			Y .			
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	SECOND TO A PARENT OF THE
10. Resident of Bihar (Yes/No)		Wilhelm Constitution and the				Xerox copy attached (Yes/No)

10.a. If Yes Please mention Domicile Certificate No & Date issued by BDO/SDO/DM)	Û
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 :-	

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Qualification	Name of Board/ University/Institution	Specialization (If Any)	Passing year	Total	Obtain	%	Xerox Copy Submitted (Yes/No)
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·		18.	Details of wor	k Experi	ence (If ar	ny)	
S.N.	Nar	ne of Employer	Designation	From	То	Total experience in month	Xerox Copy Submitted (Yes/No)
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	in the Section						
,		19. For Refere	nce Check (Ple	ease pro	vide follov	ving details)	
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Mobi	ile No.:			Mobi	le No.:		6
Ema	ail ID:			Ema	il ID:		
		20	0. Declaration	by the c	andidate		
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ınjorma	tion being f	nat all the above inform ound suppressed/false of e to be cancelled and leg	r incorrect or any in	eligibility be	ina detected	I understand that before or after joini	in the event of any ing, my Candidature/
					Signo	ature of the candidat	te

21. (10	be filled by Docume	nt Verification Team, SHSB)	
19.a Remarks on Academic & Profe	essional Qualification	19.b. Remarks on Working Experience (if an	ıy)
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	22. Status of Docu	mont Vorification	
	(To be filled by Docume	ment Verification ent Verification Team)	
		inc verification reality	8.8
eared/Conditionally Cleared/Not C	Cleared for Interview Round:		
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