

**APPLICATION FORM FOR THE POST OF ANM/MPHW(F) UNDER
SSD DEPT. SCHOOL.**

Advertisement No.				PHOTOGRAPH (Affix recent passport size photograph)		
Name of the Post						
				Identity Proof No.		
1. Name of the candidate (In Block Letter)						
2. Date of Birth (as in matriculation certificate):	3. Age as on 01/12/2018	4. District of Domicile:	5. Sex:			
6. Please mention if SC/ ST/ OBC/UR :						
7. Present Contact Address:		8. Permanent Contact Address:				
9. Email Address:		10.A - Mobile No.:				
		10.B - Whatsapp No.				
11. Languages read/write/speak:						
12. Education: High school onwards, please list all your qualifications						
Exam Passed	Name of the Board / University	Year of Passing	Marks (excluding 4 th optional)			Full/Part Time/ Distance Learning
			Full Mark	Marks Secured	% of marks	

[Signature]
31/12/18

13. Odisha Nurses and Midwives Council (ONMC) Regd. No. :

14. Employment Exchange Regd. No. :

15. Employment Record:

Total years of post qualification experience in Govt or Govt. recognised institution :

16. Details of Employment: (Use separate sheets if required).

Starting with your present employment list in reverse order all the employments, you have had.

16 A. Current Employments:

From Month / Year	To Month / Year	Designation

Location of Employment:

Description of duties:

16B. Previous Employment:

From Month / Year	To Month / Year	Designation

Location of Employment:

Description of duties:


17. Enclosure (pl. specify the list of the enclosure)

Declaration: I hereby declare that all the information furnished above are true to the best of my knowledge and belief that, if at any stage, it is found that any of the above material information is false/incorrect or is suppressed by me, my candidature/appointment is liable to be rejected/terminated. I also declare that I have never been disengaged from service previously on administrative ground such as disobedience/poor performances/misbehaviour/criminal activity etc.

Further I undertake that, I shall produce all original certificates/documents in support of the above information at the time of interview/certificate verification.

Date:

Signature of the Applicant


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Documents to be attached: Candidates are required to attach the following documents along with the application form:

1. One front side attested recent passport size colour photograph duly pasted at the designated space.
2. Attested Copy of Voter ID/Aadhar Card/PAN Card/Driving Licence/Passport for identity proof.
3. Attested copy of H.S.C. or equivalent certificate for age proof.
4. Attested copy of H.S.C. or equivalent mark sheet.
5. Attested copies of +2 or its equivalent mark sheet and certificate.
6. Attested copies of ANM qualification mark sheet and certificate.
7. Attested copy of Odisha Nurses and Midwives Council (ONMC) Registration Certificate.
8. Attested copy of recent valid caste certificate issued by the Competent Revenue Authority (For SC/ST/SEBC candidates).
9. Attested copy of certificate in support of Physical Handicapped person/Ex-Service Man/ Sportsman, if any.
10. Experience Cum No objection certificate from Appropriate Authority in case of in-service candidates.
11. Attested copy of recent valid Residence Certificate issued by the Competent Authority (Issued within 6 months to the date of advertisement).
12. Attested copy of valid employment Registration Certificate.
13. One self addressed envelope (Size 24" x 10") with postage stamp of Rs.25/- affixed on it.



31/12/18

**Chief District Medical &
Public Health Officer, Bargarh**