

District Health Society, Kaimur (Bhabua)

**Application Form for (Senior Treatment Supervisor / Senior Tuberculosis Laboratory Supervisor)**

Application for the post of		
Name		
Father's/Husband's Name		
Date of Birth		
Age (as on 01.01.2018)		
Marital Status		
Contact Number		
E-Mail		
Present Address		
Permanent Address		
Sex		
Category ( Mention whichever applicable- General, BC, EBC, SC, BC- Female)		
Nationality		
<b>SN</b>	<b>Qualification</b>	
1		
2		
3		
4		
5		
<b>SN</b>	<b>Topic</b>	
1		
2		
3		

*[Handwritten Signature]*

**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	

**Any other information that the candidate would like to give in support of his/her candidature**

Date:

signature

Place:

