

No. B. 12028/9/2018-Admn.I
The National Institute of Health & Family Welfare
Baba Gang Nath Marg, Munirka, New Delhi-110067

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Name of the Project: _____

1. Name of the post applied for : _____
2. Name of the candidate in full : _____
3. Father's Name : _____
4. Address for correspondence : _____
- With mobile phone and e-mail : _____
5. Permanent Address : _____
6. Date of birth and present age : _____
7. Whether belongs to SC/ST/OBC : _____
/ Minority / PWD (Please specify)
8. Educational Qualifications :

Sr. No.	Qualification	Board / University	Year of passing	Max. Marks	Marks obtained	Percentage (%)

9. Details of employment:

Post held	Name of Deptt. / Organization	Salary drawing / drawn (Rs)	From	To	Nature of duties performed

10. In case of Pensioner:

Name of the Organization with full address	Post held	Scale of Pay / PB with Grade Pay (Rs)	Amount of Basic Pension (Rs)	Remarks

11. Any other relevant information: _____

12. List of the documents attached:

I hereby declare that the above information given by me in this application form is complete and correct in all respects. I understand that I shall be liable for furnishing wrong information in this application form.

Signature of the applicant
Date: _____