



THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

DD-36, Sector-I, Salt Lake, Kolkata 700 064

Website: www.wbuhs.ac.in

Phone: (EPBX) 2321-3461; Fax: 2358-0100

APPLICATION FORM

Please paste a self
attested passport
size recent colour
photograph here

1. Post applied for :
2. Name of the applicant :
3. Date of Birth : *
4. Age as on 22.11.2018:
5. Category: SC / ST / OBC / Gen: *
6. Father's/ Husband's Name:
7. Address for Communication :

8. Contact No.: E-mail:
9. Present designation and name of the Institution of employment : *

10. Educational Qualification : *

| Qualificaton | Name of the School/College | Name of the University/Board | Year of Passing | % of marks obtained |
|-------------------------|----------------------------|------------------------------|-----------------|---------------------|
| Madhyamik or equivalent | | | | |
| H.S. or equivalent | | | | |
| Bachelor's Degree | | | | |
| Post Graduation Degree | | | | |
| | | | | |

11. Details of administrative experience in recognized Institution/College:

| Post | Name of institution | From | To | Period of service |
|------|---------------------|------|----|-------------------|
| | | | | |
| | | | | |
| | | | | |

12. Whether attached to Govt./ Semi Govt. service: Yes No
(If yes, then the candidate has to produce NOC from the Employer) *

Declaration:

- a. I possess all essential qualifications for the post applied for.
- b. I solemnly declare that all the statements made in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found suppressed / false or incorrect, or if my ineligibility is detected, my candidature / enrolment to the post applied will stand cancelled.

.....
Full Signature with date

*** Self attested photocopy of the documents should be attached**