

RECRUITMENT EXAMINATION TO THE POST OF

 **IN THE DIRECTORATE OF HEALTH SERVICES**

UNDER ANDAMAN & NICOBAR ADMINISTRATION
APPLICATION FORM

Paste here a self signed passport sized photograph		
	<i>Specimen Signature</i>	<i>Left Thumb impression</i>

1.	Name of candidate in BLOCK letters <i>(as recorded in SSE (Xth) pass certificate only)</i>	
2.	Father's Name	
3.	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
4.	Marital Status	Unmarried <input type="checkbox"/> Married <input type="checkbox"/>
5.	(a) Date of Birth <i>(as recorded in SSCE (Xth) pass certificate)</i> (b) Age as on 01/04/2019 <i>(completed year and month, enclose X pass certificate as the proof of date of birth/age)</i>	Date Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.	Nationality (In BLOCK LETTERS)	
7.	Permanent Address (In BLOCK LETTERS)	Village/Town..... Post :..... Dist: :..... Pin No. :.....
8.	Address for communication	Village/Town..... Post :..... Dist: :..... Pin No. :..... Phone No.:
9.	(a) Indicate your category (b) Are you seeking reservation in employment against OBC/ST/PH/EWS/MSP (If so attach self attested copy of category certificate of respective category) • Candidates applying under PH &	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UR OBC ST EWS <input type="checkbox"/> <input type="checkbox"/> MSP PH

	MSP should also indicate whether they belong to UR/OBC/ST/EWS Category	
10.	Do you possess essential / minimum educational qualification	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Educational and other Qualifications (beginning with SSE (XthStd))	
	Sl.No.	Name of Exam.
	University / Board	Certificate Sl.No.
		Year of passing
12.	Are you ever employed in any department/undertaking on regular basis, if so, give details with proof.	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	Preference of department for the post of ANM (1st & 2nd)	DHS <input type="checkbox"/> AAJVS <input type="checkbox"/>
14.	Your Employment Exchange Registration Number	
15.	Aadhaar No.	

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge, information and belief. I understand that in the event of any information being found false or incorrect or ineligibility being detected before or after the examination, my candidature/ appointment is liable to be cancelled. I am aware that if I contravene this declaration, my application will be rejected summarily by the Directorate of Health Services

I have read the provisions in the Notice of the Directorate of Health Services carefully and I hereby undertake to abide by them.

I further declare that I fulfil all the conditions of eligibility regarding age limits, educational qualification etc. prescribed for appointment to the post.

Place :

Date :

(Signature of the applicant)

List of Enclosures:

1.
2.
3.
4.
5.

NOTE I Application received without signature of the candidate shall be rejected.

NOTE II :One separate application form should be submitted /sent by the candidate for each of the post applied for.

NOTE III :Candidates are advised to submit the application in person/by post well before the closing date so that it reaches the **Nodal Officer Recruitment, Recruitment Cell, Directorate of Health Services, Port Blair, Pin- 744101** by closing date. No application received after the closing date will be accepted under any circumstances.

NOTE IV :Candidates may note that they should not attach any original certificate in support of their educational qualifications, age etc. along-with this application. These documents will be called for from the candidates later on; OBC/ST/PH/EWS candidates must submit self

attested copy of prescribed certificate in support of their claim along-with the Application Form.

NOTE V :Please attach one additional photograph and write the name of candidate on back side of this additional photograph.

NOTE VI :Special attention to the candidate – The candidates should ensure that their applications are received in the Recruitment and Examination Cell, DHS, Port Blair within the closing date 06.08.2019.