

14. IF DIFFERENTLY ABLED

15. % OF DISABILITY

16. NATURE OF DISABILITY

YES	NO
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17. DISABILITY CERTIFICATE No.----- DATE : -----

2

18. DISABILITY CERTIFICATE ISSUING AUTHORITY -----

19. IF DESTITUTE WIDOW

20 . CERTIFICATE NO & DATE

21. ISSUING AUTHORITY

YES	NO
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22. EX- SERVICE MAN

23.ENROLLMENT NO _____ 24.ENROLLMENT DATE ____

YES	NO
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25. MARK STATEMENTS(Self attested Xerox copies must be enclosed for all mark statements)

A) SSLC

I. REG.NO	II. CERTIFICATE NO.	MONTH & YEAR

SUBJECT	MAXIMUM MARKS	MARKS OBTAINED
TAMIL		
ENGLISH		
MATHS		
SIENCE		
SOCIAL SIENCE		
TOTAL		

B) HSC

I. REG.NO	II. CERTIFICATE NO.	MONTH & YEAR

SUBJECT	MAXIMUM MARKS	MARKS OBTAINED
TAMIL		
ENGLISH		
MATHS / BOTANY		
PHYSICS		
CHEMISTRY		
BIOLOGY / ZOOLOGY		
TOTAL		

26. DIPLOMA CERTIFICATE No	27.MONTH & YEAR

28) . DIPLOMA IN PHARMACY / DIPLOMA IN INTEGRATED PHARMACY

I. REG.NO	II. CERTIFICATE NO.	MONTH & YEAR

SEMESTER – 1

SUBJECT	MAXIMUM MARKS			MARKS OBTAINED		
	THEORY	PRACTICAL	TOTAL	THEORY	PRACTICAL	TOTAL
PFIA	100	0	100			
PFIB	100	0	100			
PFIC	100	0	100			
PFID	100	0	100			
TOTAL	400	0	400			

SEMESTER – 2

SUBJECT	MAXIMUM MARKS			MARKS OBTAINED		
	THEORY	PRACTICAL	TOTAL	THEORY	PRACTICAL	TOTAL
PSEE	100	50	150			
PSEF	100	50	150			
PSEG	100	0	100			
PSEH	100	0	100			
TOTAL	400	100	500			

SEMESTER – 3

SUBJECT	MAXIMUM MARKS			MARKS OBTAINED		
	THEORY	PRACTICAL	TOTAL	THEORY	PRACTICAL	TOTAL
PTHI	100	0	100			
PTHJ	100	50	150			
PTHK	100	50	150			
PTHL	100	0	100			
TOTAL	400	100	500			

SEMESTER – 4

SUBJECT	MAXIMUM MARKS			MARKS OBTAINED		
	THEORY	PRACTICAL	TOTAL	THEORY	PRACTICAL	TOTAL
PFOM	100	50	150			
PFON	100	50	150			
PFOO	100	0	100			
PFOP	100	0	100			
PFOQ	100	0	100			
TOTAL	500	100	600			

SEMESTER	MAXIMUM MARKS			MARKS OBTAINED		
	THEORY	PRACTICAL	TOTAL	THEORY	PRACTICAL	TOTAL
I	400	0	400			
II	400	100	500			
III	400	100	500			
IV	500	100	600			
TOTAL	1700	300	2000			

29. HAVE YOU ENCLOSED THE ALL SUPPORTING

YES	NO
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DECLARATION BY THE APPLICANT

I,.....son / daughter
of.....an applicant seeking Posting
under the NRHM / Wellness clinic and hereby solemnly declare that the information
furnished and the documents submitted are true, correct and complete. We further declare
that if it is found otherwise, we are ready to forfeit the selection whatever may be the stage of
appointment , besides making us liable for criminal prosecution. I well aware of the fact that if
the information given by me is proved false/not true, I will have to face the punishment as per
the law, Also, all the benefits availed by me shall be summarily withdrawn.

Signature of the Candidate

PLACE:

DATE :

*Strike whichever is not applicable

Annexure I
DECLARATION BY THE CANDIDATE

I. I hereby declare that all the particulars furnished in this application are true, correct and complete to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the selection, action can be taken against me by the authorities concerned..

II. I hereby declare that I will not be a party to any kind of canvassing on my behalf.

III. I further declare that I fulfil all the eligibility conditions prescribed for admission to this post.

IV. I have informed my employer in writing that I am applying for this post and furnish the NOC for this purpose (if applicable).

V. I have gone through the instructions etc. to candidates and the Notification for this recruitment before filling up the application form.

VI. I declare that I possess the Medical Standards prescribed for the post(s) which I am now applying.

VII. I certify that I have not been debarred / disqualified by the Board or any other recruiting agency.

VIII. I am not a dismissed Government Employee.

IX. There is no criminal case filed against me in any Police Station / Court.

X. There is no Vigilance Case filed against me in the Police Station.

XI. I hereby declare that my character/antecedents are suitable for appointment to this post.

XII. I declare that I do not have more than one living spouse / I am unmarried.

(Signature of the candidate)

ANNEXURE – II

**FORM OF UNDERTAKING AND CERTIFICATE TO BE FURNISHED BY THE SERVING
PERSONNEL**

I hereby accept that, if selected on the basis of the recruitment / examination to which this application relates, I will produce documentary evidence to the satisfaction of the appointing authority that I have been duly released / retired / discharged from the Armed forces and I am entitled to the benefits admissible to Ex – servicemen given under rule 52 of General Rules for Tamil Nadu State and Subordinate Services as amended from time to time.

Place:

Signature of the candidate.

Annexure - 8B

Form of certificate for serving personnel

I hereby Certify that, according to the information available with me
(No) (Rank) (Name) is
due to complete the specified term of his engagement with the Armed Forces on the
(date)

Place:

Signature of the Commanding officer

Date:

ANNEXURE – IV
CERTIFICATE TO BE PRODUCED BY THE CANDIDATES WHO CLAIMS CONCESSION
UNDER DESTITUTE WIDOW
SCHEDULE – VI

***(Referred to in the Explanation to rules 12 (d) and 21 (b))**

01. Name of the individual :
02. Full Postal Address :
03. Details of job held, if any :
04. Particulars of her Children, if any
05. Name and last occupation of her late husband
06. Date of demise of her husband :
07. Monetary benefits received after her husband's death by way of family pension, Insurance etc., if any.
08. Details of Properties if any immovable and movable left behind by him
09. Present monthly income:-
 - (a) From salaries / wages :
 - (b) From family pension :
 - (c) From private properties :
 - (d) Rents received :
 - (e) From private practice :
 - (f) Other sources, if any :
 - (g) TOTAL :
10. Whether living alone or living with her husband's parents / inlaws / parents / brother (s)

11. Whether the satisfies the definition of the term “Destitute Widow” as defined in the Explanation to rules 12(d) and 21(b) of the General Rules for the Tamil Nadu State and Subordinate Services

:

Certified that I have verified the particulars furnished by the individual and satisfied myself as to the correctness of her claim with reference to the definition of the term “Destitute Widow” under the Explanation to rules 12(d) and 21(d).

Certificate Reference No: Signature :

Place: Name :

Date: Designation :

Revenue Divisional Officer / Assistant Collector / Sub-Collector.

Explanation:- The above certificate should be issued only by the Revenue Divisional Officer or the Assistant Collector or the Sub-Collector concerned.