## **APPLICATION FORM**









## National Health Mission - TamilNadu

## 

| 1  | Applicant's Name/<br>விண்ணப்பதாரர் பெயர்                   |
|----|--|
| 2  | Father's Name/<br>தந்தை பெயர்                              |
| 3  | DOB(DD/MM/YY/<br>பிறந்த தேதி                               |
| 4  | Age/ வயது  |
| 5  | Educational Qualification /<br>கல்வித்தகுதி                |
| 6  | Current Residential<br>Address / தற்போதைய வீட்டு<br>முகவரி |
| 7  | Permanent Address /<br>நிரந்தர முகவரி                      |
| 8  | Aadhar Card Number /<br>ஆதார் எண்                          |
| 9  | Phone Number /<br>தொலைப்பேசி எண்                           |
| 10 | Email ID (If available) /<br>மின்னஞ்சல் முகவரி             |

பின்பக்கம் அறிவுறுத்தப்பட்டுள்ள விபரங்கள் அடிப்படையில் தேவையான சான்றுகளை இத்துடன் சமர்ப்பித்துள்ளேன்.

Place/ இடம்

Date/ தேதி

Applicant Signature விண்ணப்பதாரர் கையொப்பம்

## The List of Self attested document photocopies to be attached along with the failed application form:

- 1. Two recent passport size color photographs
- 2. Evidence of Date of Birth (Birth Certificate/SSLC/HSC Certificate)
- 3. Evidence of Educational qualification and marks
- 4. Necessary Council Registration Certificate
- 5. Evidence of Tamil eligibility (10th or 12th standard marks)
- 6. Proof of residency
  - a) Nativity Certificate issued by the Revenue Department
  - b) Voter ID
  - c) Panchayat /Municipality /Corporation/Tax receipt
  - d) Aadhar Card
  - e) Ration Card
- 7. Certificate of character and conduct issued by a Group A or Group B officer working in Government The Certificate should be a recent one issued within 3 month prior to the notification (application for all the applicant including fresh graduates)
- 8. Certificate of character and conduct issued by the head of the institution where the candidate had undergone the course or currently studying
- 9. In the case of a differently abled person a certificate from a Block Medical
  Officer to the effect that the candidate is fit enough to discharge the
  duties assigned along with the percentage of disability
- 10. Certified evidence for work experience
- 11. No Objection Certificate from the competent authority (if applicable)
- 12. Any other special records of significance from competent authorities as indicated in the selection criteria mentioned