

APPLICATION FORM
Jharkhand Rural Health Mission Society
Department of Health, Medical Education & Family Welfare

Please affix
 passport size
 photograph duly
 signed by
 candidate

Post Applied for:	Community Health Officer (CHO)
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1. Personal Details:

Applicant's Name with Title:					
Date of Birth:	Date	Month	Year	Father's/ Husband Name:	
Gender (M/F):				Mobile Number:	
Email ID (if available):				Alternate Contact No	
Permanent Residence State: Note: Candidates from state of Jharkhand need to furnish their permanent residence Certificate (For employment purpose) issued by competent authority of Jharkhand (not less than Sub-Divisional Magistrate)				Jharkhand: <input type="checkbox"/>	
				Other: <input type="checkbox"/>	
Category: Note: Candidates applying under reserved category shall need to attach a copy of latest caste certificate issued by competent authority (not below then Sub-Divisional Magistrate), to be duly attested by a Gazetted Officer.				General: <input type="checkbox"/> ST: <input type="checkbox"/> SC: <input type="checkbox"/> BC-I: <input type="checkbox"/> BC-II <input type="checkbox"/>	
Are you falling in the category of Physically handicapped? NA- Not Applicable; OH – Orthopedically handicapped; HH - hearing handicapped; VH- visually handicapped Candidates falling under the category of Physically handicapped need to attach PH certificate issued by competent authority, to be duly attested by a Gazetted Officer. Please also mentioned disability% as indicated in PH certificate.				NA: <input type="checkbox"/> OH: <input type="checkbox"/> VH: <input type="checkbox"/> HH: <input type="checkbox"/> Others <input type="checkbox"/>	
				Disability Percentage: <input style="width: 50px;" type="text"/>	
				[Applicable for PH Candidate]	

2. Address:

Correspondence/ Current Address with Pin Code		Permanent Address with Pin Code	
PIN Code:		PIN Code:	

3. Educational Details (Please attach self-attested copies of relevant certificates/ mark sheets):

- (a) All educational qualification details starting from highest qualification up to matriculation to be mentioned
 (b) Duly signed copies of all the certificates and marksheets of each qualification as filled by candidates to be enclosed.

Examination Passed (GNM/ B.Sc. Nursing Details)	Name of the Course, Specialization & Principal Subjects	Board/ University/ Institute	Mode of Course (Regular/ Other)	Course Duration	Passing Month & Year	Mark %

4. Work Experience *(Please start with current/ most recent experience. If you have worked in more than one area/ post within the same organization, please enter details of the same separately):*

Name of Organization	Designation/ Title along with Duration	Key Areas of Experience & Job Responsibilities	Experience (in months)	
			Duration	Date
			From	
			To	
			From	
			To	
			From	
			To	
			From	
			To	
			From	
			To	
			From	
			To	

5. Additional/ Relevant Experience Details:

(Please provide details of additional experience/knowledge that you possess and commensurate with the position in the adjacent column e.g. experience pertaining to and knowledge of working in any specific area etc.)

Declaration by Candidate: I hereby declare that the information furnished above is true to the best of my knowledge and any misrepresentation, falsification or omission of information used to secure employment shall be grounds for rejection of this application and I would liable for legal action, also immediate discharge if I am employed by JRHMS regardless of the time elapsed before discovery.

Date:

Place:

Applicant's signature