

## Application Format

Passport size  
Photograph

1. Name (full in capital letters):
2. Date of Birth:
3. Age (as on 17.6.2020):
4. Gender:
5. Address for Communication (with complete address and pin code):
6. Telephone/ Mobile number with email id:
7. Date of retirement/ superannuation (if applicant has retired/ superannuated):
8. Organisation/ Institution/ Department from which retired:
9. PPO No. and date of issue:
10. Work experience in: public health/ health research/ any national programme (under National Health Mission)/ Integrated Disease Surveillance Programme (at District/ State/ National level):
11. Date of passing M.B.B.S. (please enclosed self –attested copy of certificate):
12. Date of passing Diploma in Public Health/ M.D. (Preventive and Social Medicine/ Community Medicine/ Community Health Administration) - (please enclosed self –attested copy of certificate):
13. Summary of work experience:

Date:

Place:

Signature of Applicant