

Format: Application for the Post of

Advertisement No:
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To
The Mission Director
National Health Mission,
Govt. of Tripura,
Palace Compound
Agartala, Tripura (West)

Self-attested
Colour Photo

1. Name of the post applied for :-
[IN BLOCK LETTER]
2. Name of the candidate :-
3. Father's/Husband's name :-
4. Nationality :-
(attach photocopy Permanent Resident Certificate /Citizenship Certificate)
5. Permanent Address with Pin Code :-
(attach photocopy address proof certificate)
6. Postal address for communication :-
with Pin Code
7. Contact No. & valid e-mail ID (if any) :-
8. Date of Birth :-
(DD/MM/YYYY)
9. Gender :-
(Male / Female)
10. Caste, if belongs to SC / ST community :-
(Yes / No, If 'Yes' Attach photocopy Caste Certificates)
11. Education Qualification from Madhyamik onwards (Attach photocopy of all relevant Mark sheets)

Sl. No.	Name of the Examination / Parameters	Name of Recognized University	Total Marks obtained	Percentage of marks	Year of Passing
1.					
2.					
3.					
4.					
5.					

12. Registration No (MCI/ State Council for BHMS/BAMS):-

13. Experience (if any attach supporting document/s):-

Declaration: I hereby declare that, all the information given above is true to the best of my knowledge, if any of the above information is found to be incorrect at a later stage, I shall be liable to be disqualified and removed from the service after selection/joining.

(Signature of the candidate)