## Application for the post of Honorary Health Worker (HHW) under H.M.C Application No. (For Office Use Only) PASTE (Do not Pin or Staple here). Paste recent pass port size colour photograph of PLEASE FILL UP THE APPLICATION IN CAPITAL LETTER (Except Signature) size 3.5 cm X 3.5 cm. The Colour photograph Memo No: H-423/2023-24 Dated: 18.01.2024 should not be more than 3 months old. Application for the post of Honorary Health Worker (HHW) Please put your signature across the photograph. 1. Name (In Capital Letter): FIRST NAME: MIDDLE NAME: **SURNAME:** 2. Father's / Husband's Name (In Capital Letter): 3) DATE OF BIRTH (DD/MM/YYYY) 4) Age as on 01.01.2024 Years **Months** 5) Marital Status (Tick in appropriate box): Married Divorced Widow 6) Nationality: 7) Address: 7.1. PERMANENT ADDRESS (In Capital Letter): P.O: Town / City: **Municipality:** Ward No: District: State: Pin code:

2.2. ADDRESS FOR CORRE	SPONDENCE (I	n Capitai	Letter):		
P.O:	TTT				
Town / City:					
Municipality:		Ward	No:		
District:					
State:				( P	
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) Contact Details :  Mobile Number:	177	M	70		(a)
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	Board/Univer	Degree/ Diploma	Year of passing	(Period From To)	in Madhyamik or equivalent examination in the additional paper)
Sl. School/ No. College/Institute		Degree/ Diploma		(Period From	equivalent examination in the
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Sl. School/ College/Institute		Degree/ Diploma		(Period From	equivalent examination in the
Sl. School/ No. College/Institute  O) Additional Qualification (	If any):	Diploma	passing	(Period From To)	equivalent examination in the
No. College/Institute	If any):	Diploma	passing	(Period From To)	equivalent examination in the
No. College/Institute	If any):	Diploma	passing	(Period From To)	equivalent examination in the

12)	Language	Known:	(PLEASE TIC	(\forall \lambda \forall \lambda
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Sl. No.	Language	WRITING	READING	SPEAKING
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## 13) Check List of documents: (PLEASE TICK $\sqrt{\text{IN THE BOX}}$ )

Sl. No.	Documents	Y/N	No. of documents enclosed (Photocopies)
1.	Proof of age (Madhyamik Admit card/ Madhyamik Pass Certificate /Birth Certificate)	1	16
2.	Proof of Academic Qualification (Mark Sheet of Madhyamik or equivalent examination)		3
3.	Proof of residence (Aadhaar Card/Voter Card/Ration Card)	10	
4.	Caste Certificate	20	SVI
5.	i) For married candidate – Marriage Certificate / Voter Card / Ration Card / Aadhaar Card mentioning the husband name ii) For widow candidate – Death Certificate of husband along with Marriage Certificate / Voter Card / Ration Card / Aadhaar Card mentioning the husband name iii) For divorced candidate – Court order for divorced, if any		8 - 18 8 S

## **Declaration:**

I hereby declare that I have carefully read the conditions of eligibility mentioned in the advertisement. These conditions are acceptable to me and I fulfill these conditions. The details mentioned in the Application are true and I shall furnish the necessary documents in original whenever required.

If any information/ details found to be incorrect / false at any stage of the selection process or if any fact found to have been concealed by me or detected even after the appointment, my engagement likely to be terminated.

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Date:	14	THE	DF	0,
Place:		INE	1	Full Signature of the Candidate