

NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE

Baba Gangnath Marg, Munirka, New Delhi-110067

Advertisement No. A.12025/3/2011-Admn.-II

- Note: 1. The Application should be sent only in the prescribed format supported by attested copies of testimonials.
2. Fill in all the information in block letters only.

Applicant should affix his / her recent passport size photograph, duly attested by a gazetted officer

1. Post applied for : _____
2. Details of Application : (a) Rs. _____
fee (b) Demand draft no.: _____
(c) Date: _____
(d) Name of issuing Bank & Branch: _____

(e) Exempted from the payment of fee : Yes/No _____
3. Name of the applicant : _____
(In Block Letters) First Middle Last
4. Father's/Husband's name: _____
(In Block Letters)
5. (a) Date of Birth (in figure): _____
(b) Age as on 02.03.2012: _____ Years _____ Months _____ Days
(c) Whether claim for age relaxation (Yes/No): _____
6. (a) Social Category : _____
(SC/ST/OBC/PH/GEN/Ex-Serviceman)
(Please attach attested photocopy of the certificate)
(b) (i) If Physical Handicapped (Nature of Disability)(VH/OH/HH): _____
(ii) Percentage of Disability: _____
(Please attach attested photocopy of the certificate)
(c) Whether Ex-serviceman: _____ Date of Retirement: _____
(Please attach attested photocopy of the certificate)
7. Gender (Male/Female) : _____
8. Marital Status (Married/Unmarried/Divorcee etc.) : _____
9. (a) Telephone no. (with STD Code): _____ (b) Mobile no. _____
(c) Email ID : _____
10. Present Address : _____

Pin Code: _____
11. Permanent Address : _____

Pin Code: _____
12. Nationality : _____ 13. Religion : _____

14. Educational/academic qualification starting with matriculation :

(Please attach separate sheet, if required)

Examination /Degree	University / Board	Year of Passing	% age of marks / Division	Subjects

15. Technical/Professional qualification: (Please attach separate sheet, if required)

Examination /Degree	University / Board	Year of Passing	% age of marks / Division	Subjects

16. Experience (Please attach attested copies of the experience certificates) (please start with the latest)

(Please attach separate sheet, if required):

Name of employer	Post held	Period		Pay Scale/Pay Band & Grade Pay with Basic Pay	Nature of work /duties
		From	To		

17. Name of the employment exchange and registration no.

if any: _____

18. Typing Speed, where applicable : English _____ W.P.M. Hindi _____ W.P.M.

19. Stenographic Speed, where applicable : English _____ W.P.M. Hindi _____ W.P.M.

20. Working knowledge of computers : _____

21. Are you applying through proper channel (Yes/No) : _____

If 'yes' is this your advance copy? (Yes/No) : _____

22. Any additional information : _____

Declaration

I hereby declare that I am a citizen of India and all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I have never been convicted by any court of law and no criminal case is pending against me in any court of law in the country. My certificates can be got verified at any time from the issuing authority. In the event of any information being found false/incorrect or ineligibility being detected before or after the written test/skill test, my candidature will stand automatically cancelled.

Place:

Date:

(Signature of the Candidate)

Name: _____



NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE

Baba Gangnath Marg, Munirka, New Delhi-110067

Advertisement No. A.12025/3/2011-Admn.-II

Admit Card

(To be filled by the candidate)

1. Post applied for : _____
2. Name of the applicant : _____
(In Block Letters)
3. Father's/Husband's name : _____
(In Block Letters)
4. Date of Birth : _____
5. Gender (Male/Female) : _____
6. Present Address : _____
(With name in Block Letters) _____

- Pin Code: _____
7. Signature of candidate : _____

Applicant should affix his / her recent passport size photograph, duly attested by a gazetted officer

(For office use only)

Roll no. : _____

Name & Address of Centre:

Certificate by Head of Department/Organization

(Applicable only to those candidates who are working in Govt./Semi.Govt/ PSU/Autonomous Bodies and who are required to apply through proper channel)

1. Certified that Shri/Smt./Km/_____ is an employee of this deptt/office/organization. I have no objection to his/her application being considered for the post.
2. Certified that particulars of the officer/employee have been verified and found to be correct.
3. It is certified that no disciplinary proceedings are either pending and/or contemplated against the officer/employee. Integrity of the officer/employee is also certified.
4. Certified also that he/she submitted his/her application to the department/office/institute/organization on _____ for onward transmission to the NIHFV.

Date:

Signature of Head of Department
(With Stamp)

Place:

Designation _____
(Ministry/ Office stamp)