



CITY HEALTH SOCIETY, SAMBALPUR
NATIONAL URBAN HEALTH MISSION, SAMBALPUR



Govt. of Odisha

Application Form for in house contractual employee of NHM working in the same post under the OSH & FW Society in other District/City desiring to be posted in Sambalpur Dist.

Name of the position applied for			photograph
1. First name		Last Name	
2. Date Of Birth	3. District of Domicile		4. Gender
5. Please mention if ST/SC/OBC/Gen.			
6. Present Contact Address		7. Present Tele. No.	
Permanent Contact Address		8. Permanent Tele. No.	
9. Email Address:		10. Mobile No.:	
11. Last uninterrupted contractual service in the same post under the society			
Place of posting	From	To	Total



मे 3/12/24

(P.T.O)



12. Enclosure

- Self attested copy of certificate and mark sheet of HSC & onwards/ equivalent by the recognized board/university.
- An undertaking regarding one spouse living in case of married.
- Self attested copy of NOC cum Experience certificate of uninterrupted contractual service under NHM issued by concerned CDM & PHO cum DMD/ADUPHO.
- Self attested two recent passport size color photographs and self -photo ID proof (Driving License/Pan Card/Voter ID Card/Passport/Adhar Card).

Signature of the Applicant

Declaration by the Candidate

I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that, if any stage , it is found any of the above material, information is false/incorrect or is suppressed by me,my candidature/appointment under QSH&FW Society, Odisha is liable to be rejected/Terminated.

Signature of the Applicant

31/12/2023