



Application Form
District Health Society

Passport size
photo

Name of the Post applied _____

1	Applicant's Name	
2	Father's Name	
3	DOB (DD/MM/YY)	
4	Educational Qualification	
5	% of MBBS / BDS / MPH (Mark Sheet should be enclosed)	
6.	Community	
7	Residential address for communication	
8	Aadhar Card Number	
8	Phone Number	
9	Email ID (If Available)	
10	Experience certificate for worked in Covid Care Centre issued by Dean/JDHS, DDHS	
11	No of Month Working in Covid Care Centre / Place	

Place:

Date:

Applicant's Signature