

APPLICATION FORM

Name of the Slum for which applied for ASHA :

To
The Chief District Medical Officer
Khordha District

Photograph

1. Name of the candidate :
2. Husband/guardian's name :
3. Contact Telephone No. :
4. Permanent address :

5. Residential proof (Attach attested copy) :
6. Date of Birth (Attach attested copy) :
7. Age as on date of publication of the advertisement :
8. Caste(Attach attested copy of caste certificate in case SC/ST) :
9. Marital Status

Married	Widow	Divorcee	Separate	Destitute

Attach proof

10. Educational qualification

Sl .	Exam	Year	Name of the board/university	Result	Total mark	Mark secured
1	HSC					
2	IA/ +2					
3	BA/+3					
4						

11. Whether capable of reading & writing in Odia language ?

Declaration

I hereby declare that the above information are true and best to my knowledge and belief . In case the information are found false during the selection process or after, my selection will be cancelled.

Signature of the candidate

Place :

Date :