

# APPLICATION FORM

To  
The Chairperson,  
Board of administrators  
Baruipur Municipality  
P.O. & P.S. – Baruipur  
Dist. – South 24 Parganas  
Kolkata - 700144

Affix Self  
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## Application for the post of “HEALTH OFFICER”

1) Full Name ( In Capital Letters) :

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2) Father’s / Husband’s Name ( In Capital Letters) :

.....

3) Gender : Male  Female  Others

4) Date of Birth (DD/MM/YYYY) :.....

5) Nationality: ..... Age (As on 1<sup>st</sup> January 2020): .....

6) Present Address for communication (in Capital Letters)

VILL. ....,P.O. ....

P.S....., DIST.....

STATE ..... , PIN.....

7) Permanent Address (in Capital Letters)

VILL. ....,P.O. ....

P.S....., DIST.....

STATE ..... , PIN.....

8) Contact No. : .....

9) E-mail ID : .....

**10) Academic Qualifications :**

Sl No.	Examination Passed	Board /Council/University	Year of Passing	Total Marks	Marks Obtained	Percentage

**11) Additional Qualification (if any) :**

.....  
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**12) Working Experience (if any) :**

Sl No	Name of the Organization	Name of the post	Date of Joining	Date of Leaving	Total Working Period (in years)

I do hereby declare that all the information stated in this application form are true. In case any of my information furnished and document attached hereto is found to be not true and if I fail to produce relevant documents in support of the eligibility criteria, my candidature is liable to be cancelled by the appropriate authority at any stage of the Selection / Recruitment process.

**Date :**

**Place :**

\_\_\_\_\_  
**Full Signature of the Applicant**