



DISTRICT HEALTH SOCIETY, MAYILADUTHURAI

Application form

1.	Contractual Post applied	
2.	Name of the Applicant	
3.	Name of Father/Husband/Guardian	
4.	Date of Birth (DD/MM/YYYY)	
5.	Age (as on 01/12/2024)	
6.	Gender	
7.	Permanent Address	
8.	Current Address	
9.	Phone Number	
10.	Qualification	
11.	Religion	
12.	Community	
13.	Marks obtained, Total marks and Percentage of marks (including all semesters), as stated, in the required qualification for the post	
14.	Previous Experience (with years)	
<i>The list of documents/certificates to be attached with this application is given on Page 2. The checklist and copy of certificates must be attached along with the application form during submission.</i>		

Applicant's Signature with Date

Required list of Copy of Self-attested documents

Checklist

S.No.	Certificate/Document (Xerox Copy only; Do not attach Original certificates)	Tick, if attached
1	Recent passport size photograph	
2	Nativity Certificate	
3	Birth Certificate	
4	Community certificate	
5	Aadhar Card	
6	Degree certificates (including the copy of required degree for the applied post)	
7	Mark sheets (SSLC, HSC, UG & PG- all years/semesters – as per the applied post)	
8	Transfer certificate	
9	Registration certificate for Professional Degrees (Medical/Dental/Indian Medicine/Homeopathy/Nursing Council, etc.) – if applicable	
10	Previous working experience certificate(s) from the relevant authority – if applicable	
11	Covid-19 work experience certificate, with signature from the DDHS/JDHS/Dean of the district.	
12	Any other relevant certificate (specify):	

Affix your
recent
Passport size
photograph
here

Declaration:

I hereby declare that the above details and copy of certificates are true to the best of my knowledge, and I am aware that the certificates may be cross checked with the issuing authority and if found to be untrue, I will be subjected for legal action as per the existing laws.

Signature of the applicant with Date