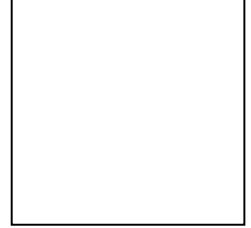




RNTCP SUB COMMITTEE
THE URBAN HEALTH SOCIETY AHMEDABAD

Application No. _____



Post Applied for: _____

In word Date & Nom. _____

1. Name: _____
Surname name Father's Name

2. Parmanent Address _____

Pin Code No. _____

3. Mobile No. _____

4. Land line No. _____

5. Age. _____ Sex- M / F _____

6. Date of birth. _____

7. Education Qualification:

Exam passed	Name of Board/ University	Year of passing	Total Marks	Marks Obtained	Percentage	Trial

8. Computer knowledge:

Course Name	University / Centre	Year of passing	Rank / Percentage

9. Experience:

Name of Institute/ Department	Designation	Type of work	From Date To Date		Total experience in years & months		
					Yrs.	Month	Day

10. Exp. of RNTCP- Yes / No. _____

If yes Years _____ Month _____ Day _____

Date: _____ Place: _____

SIGNATURE

❖ **Encloser:**

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3. H.S.C. Mark sheet Certified Copy.
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