

APPLICATION FORM FOR THE POSITION OF CONSULTANT-NAM / HMIS MANAGER

Name of the position applied for :

1. Name in full (block letters) :
2. Gender :
3. Father's Name :
4. Date of Birth :
(Submit copy of age proof certificate)
5. Age(as on01/05/2022) :
6. Mobile No :
7. E-mail :
8. Present Address :

9. Permanent Address :

10. Educational Qualification :
(HSLC onwards)

Paste recent
passport size
photograph here

SN	Examination	Board/University	Passing Year	Division	% / CGPA of Marks
i.					
ii.					
iii.					
iv.					
v.					
vi.					

Please submit the copy of the relevant mark sheets & certificates

11. Details of Essential Qualification:

A. For the position of Consultant-NAM:

Essential qualification (only from recognized institute or university)	Name of the Institute	Board/ University	Year of Passing	% / CGPA obtained
BAMS/BUMS/BHMS/BSMS /BYNS [Please tick(✓) in appropriate degree]				

Please submit the copy of the relevant mark sheets & certificates

B. For the position of HMIS Manager:

Essential qualification (only from recognized institute or university)	Name of the Institute	Board/ University	Year of Passing	%/CGPA obtained
BCA				
MCA				
M.SC-IT				
MBA-IT				

Please submit the copy of the relevant mark sheets & certificates

12. Details of Experience relevant to the post:

A. For the position of Consultant-NAM :

Sl. No,	Particulars of Experience /Exposure	Name of Establishment/Employer	Designation	Duration		Type of Work
				From(dd/mm/yyyy)	To (dd/mm/yyyy)	
i.	Experience in Public Health Programme.					
ii	Exposure in social sector schemes/ Mission of Government at national, state and district level.					
iii.	Experience of working in Health sector including AYUSH.					
iv.	Computer knowledge including MS Office, MS Word, MS Power Point, MS Excel	Yes/No	If yes, mention the name of the course with duration of course.			

Please submit the copy of the relevant certificates.

B. For the position of HMIS Manager :

Sl. No,	Particulars of Experience /Exposure	Name of Establishment/Employer	Designation	Duration		Type of Work
				From(dd/mm/yyyy)	To (dd/mm/yyyy)	
i.	Experience in Government or any other reputed organization.					
ii	Exposure in social sector schemes/ Mission of Government at national, state and district level.					

iii.	Experience of working in Health sector including AYUSH.					
iv.	Computer knowledge including MS Office, MS Word, MS Power Point, MS Excel, MS Access.	Yes/No	If yes, mention the name of the course with duration of course.			

Please submit the copy of the relevant certificates.

13. Names and Addresses of two persons from whom we may seek reference about you:

(The two persons must not be related to you and must have interacted with you for more than 2 years in a Professional and/or academic capacity during the last 5 years)

Sl	Name of the person & designation (if any)	Address	Phone no	E-mail id
1.				
2.				

14. Declaration

The information furnished above are true to the best of my knowledge and belief. In case of a false statement, I am liable to any action as deemed fit and proper.

Date:

Signature of the Applicant