APPLICATION FORM FOR THE POSITION OF.....

Full Name of the candidate(In Block Letters):

2.	Father's/Husband's	Name:				Paste self-			
3.	Mother's Name:					attested Recent			
4.	Gender:					Passport Photo			
5.	Marital Status:								
6.	Nationality (attach a	a copy of evi	dence):						
7.	Permanent Postal Address (attach a copy of evidence):								
8.	Police Station:								
9.	Current Address:								
10.	Mobile No.:								
11.	Email ID:								
12.	Passport No. (If avai	<i>lable)</i> (Attac	ch a copy):						
13.	Date of Birth (attach	a copy of ev	vidence) (d	d/mm/yyyy):					
14.	Age (As on 1st January' 2024):Yearsmonth(s)								
15	Current Designation (if employed):								
IJ.	Current Employer's Full Address with email and phone number:								
	Current Employer's	Full Address	•	il and phone	number:				
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16.		of posting (with ema	•		re vacancy exist fron			
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16. 17. 18.	Preference of place the detailed adverti Educational Qualific	of posting (sement): ation (attac	s with ema Select the h copies of	certificates):	Medical College whe	Class/Percenta ge of marks			
16. 17. 18. Sl.	Preference of place the detailed adverti Educational Qualific Examination	of posting (sement): ation (attac	s with ema Select the h copies of	certificates):	Name Board/Unive	Class/Percenta ge of marks			
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20. Total Professional Experience: ______Years _____month

(mm/yyyy) provided	Sl.	Designation	Organi	zation	From	То	Summary of Service
**Attach latest salary certificate. Write a brief note describing why would like to be associated with us:(Maximum 250 words) Language proficiency:(please tickV) Language Read Write Speak Computer proficiency: Program/Software/Applications Excellent Good Average Name and Address 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 years in a Professional and/or academic capacity during the last Syears)		0					
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27. Have you ever been arrested, indicted or summoned into court as defendant in a criminal proceeding or convicted, fined or imprisoned for the violation of any law? (If yes furnish details

^{26.} Do you have any criminal or corruption charges against you? (If yes furnish details)

Declaration: I certify that the statements made by me in this application are true, complete and
correct to the best of my knowledge and belief. Permission is hereby given to the Project Director,
Assam Health Infrastructure Development & Management Society, Assam to make such
investigations as are necessary on the information given above. I understand that any
misrepresentation or fraudulence or material omission made herein or in any other document
requested by Director would render dismissal and termination of my candidature/
service/contract apart from other penal action as per the law.

Date:

Signature of the Candidate

Place:

IMPORTANT Notes:

- 1. Candidates shall complete this application in not more than 10 pages strictly as per the above format, along with self-attested copies of testimonials/certificates (not more than 15 pages), evidencing that he/she is qualified to perform the services. The complete application along with certificates/testimonials shall not be more than 25 (twenty five) pages or else the application may not be considered.
- 2. While self- attested copies of all the relevant certificates/testimonials needs to be submitted along with the application, Candidates are to note that applications without self-attested copies of certificates/ testimonials relating to Educational Qualifications and Trainings shallbe rejected.