



# राज्य स्वास्थ्य समिति, बिहार



An ISO 9001:2008 Certified Agency

## APPLICATION FORM

### A. (To be filled by the Office, SHSB)

Registration No	1	7	0	1	0	1	0					
Demand Draft No								Amount (in Rs.)				
Date (DD/MM/YYYY)	D	D	M	M	Y	Y	Y	Y				
Drwan on (Bank Name & Branch Name)							Payable at	P	A	T	N	A

### B. (To be filled by the candidate in CAPITAL LETTERS)

1. Name of The Position	Nursing/Sister Tutor											<p>Paste one passport size photo 3x4"</p> <p>(Attach one color photo with application form on corner)</p>
2. Adv No.	01/2017											
3. Name of the Candidate												

### C. Personal Details

4. Category (Please Tick)	Gen	EBC	BC	SC	ST	4b. Caste	
5. Do you claim for reservation against persons with disability(PWD) (Yes/No)		5a. If Yes, Percentage of disability		5b.Type of disability			
6. Sex (Please Tick)	Male		Female		other		
7. Name of Father (as per matriculation certificate)							
8. Name of Mother							
9. Date of Birth (DD/MM/YYYY) (as per matriculation certificate)	D	D	M	M	Y	Y	Y
9a. Age (as on 01.04.2017)	Years		Months		Day		
10. Nationality						11. Religion	
12. Resident of Bihar (Yes/No)			12a. If No, Please mention State Name				
12b. If Yes (Please mention Residential Certificate No & Date)					12c.Home District		
12d. If Yes (only for reservation category- Caste Certificate)							

