National AIDS Control Programme (NACO)

Distt. Hisar

	Application for the p	oost	of	
1.	Name of the candidate	:		
2.	Father's/Husband Name	:		Paste here latest
3.	Sex	:		Passport size
4.	Date of Birth (DD/MM/YYYY)	:		Photo
5.	Category to which belong	:		
6.	Telephone/Mobile No.	:		
7.	E-mail ID	:		
8.	Permanent Address	:		
9.	Correspondence Address	:		

10. Educational / Professional Qualifications:

Examination Passed	Board/ Universit y	Year of Passin g	Maximu mMark s	Marks Obtaine d	%ag eof marks	Division	Subject
10th							
10+2/ Vocational/ Intermediate							

11.	Internsh	ip/Trai	ning(if any): Years		Month	S	Days	l			
	N		f Institutio anization	n/	D	esignation	Fron	n		То	То	otal period
12.	Total Exp	perienc	e: Year(s)		Month	n(s)	Day(s)					
	N	Name of Institution/ Organization		Designation		From	m To		Pay/Salary/ Honorarium.		Total period	
13.	Detail of	docun	nent	: _							atta	ched
 Declaration: I hereby declare that: All statements made in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, or in eligibility being defected before or after the interview/selection/appointment, my candidature may be cancelled and action can be taken against me by the committee/commission. I have read the provisions in advertisement of the comission carefully and I hereby undertake to abide by them. I fulfill all the conditions of eligibility regarding age limits, educational qualifications etc prescribed in the advertisement and other relevant rules and instructions. I have never been convicted by Department/Government/Semi Government Service (Contratual/Regular Service any Department). 												
Date	e :											

Signature of the Candidate

11.

12.

Place: