

**Application Form**

**For the Posts of Field Worker and Lady Health Visitor**

**Advertisement No:** AIIMS Bhopal/Micro/Shashank/DHR-ICMR/2017/CaCx-UIP/01Dated 20/05/2017

**Project Title: “Whether Opportunistic screening modality coupled with real time tracking through smart card can increase the much needed coverage for cervical cancer screening and whether better compliance to Universal Immunization Program (UIP) can also be achieved through smart card based real time tracking”.**

**Post applied (Tick Appropriate Post):Field Worker / Lady Health Visitor**

1. Full Name (in capitals): .....
2. Father’s/Husband’s name: .....
3. Date of birth: .....
4. Gender: .....
5. Nationality:.....
6. Whether SC/ST/OBC/PH:.....
7. Do you claim any age relaxation?
8. Address for correspondence with pincode:.....

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.....  
.....

10 digit Mobile No.: .....

E-mail:.....

9. Permanent address with pincode: .....

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.....

**9. Educational/Professional qualifications (12<sup>th</sup>Class onwards)**

| S. No | Examinations Passed | University or Board | Subjects taken | Year of passing | Percentage of marks | Class/Division/Grade |
|-------|---------------------|---------------------|----------------|-----------------|---------------------|----------------------|
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|       |                     |                     |                |                 |                     |                      |

10. Details of previous experience: (Current occupation first)

| S. No. | Name of the post held | Employer/Organization and nature of employment | Pay scale/salary drawn | Period |    | Nature of duties |
|--------|-----------------------|--|------------------------|--------|----|------------------|
|        |                       |  |                        | From   | To |                  |
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11. Any other relevant information you wish to add related to field work experience, etc. (Use separate sheets if necessary)

**DECLARATION**

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage or any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature/appointment shall be liable to be cancellation/termination without any notice or compensation in lieu thereof.

Place:.....

Signature of the candidate

Date:.....