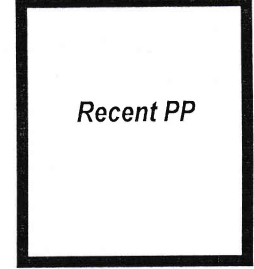


ಜಲ್ಲಾ ಯೋಜನಾ ನಿರ್ವಹಣಾ ಘಟಕ
ರಾಷ್ಟ್ರೀಯ ಆರೋಗ್ಯ ಅಭಿಯಾನ
ಯೋಜಿಸುತ್ತಿರುವ ಯೋಗಿ ಸಂಕೀರ್ಣ
ನಿಹರಾ ಮುದಾನ ರಸ್ತೆ
ಜಲ್ಲಾ ಆ.ಪ.ಕ. ಕಛೇರಿ ಎರಡನೇ ಮಹಡಿ
ದ.ಕ. ಮಂಗಳೂರು-575 001

NATIONAL HEALTH MISSION
DISTRICT HEALTH & F.W. SOCIETY @, D.K,Mangaluru

Application for the post of

UPHC Part time MBBS M.O.



I. Contact Information:

1. Full Name:
2. Address for Communication:
3. Contact Number :
4. E-mail Address(compulsory):

II. Personal Information:

1. Date of Birth (*Attach Document*):
2. Gender:

III. Educational Qualification:

1. _____ (*Attach Marks Card and relevant Document*)
2. _____ (*Attach Marks Card and relevant Document*)
3. _____ (*Attach Marks Card and relevant Document*)

IV. Attach Internship Certificate:

V. Attach Degree Certificates:

VI. Attach Registration Certificates: (KMC)

VII. Attach Experience Certificate:

I hereby declare that the above mentioned information is correct to the best of my knowledge and belief.

Date:

Place:

Name & Signature of Applicants

*Last date for submission of application- 20/09/2021 Before 3-00pm.

For more information contact 0824-2424501