

ಜಿಲ್ಲಾ ಯೋಜನಾ ನಿರ್ವಹಣಾ ಘಟಕ
ರಾಷ್ಟ್ರೀಯ ಆರೋಗ್ಯ ಅಭಿಯಾನ
ಯೋಜನಾಪಯೋಗಿ ಸಂಕೀರ್ಣ
ನಿರ್ಮಾಣ ಮೈದಾನ ರಸ್ತೆ
ಜಿಲ್ಲಾ ಆ.ಉ.ಕ. ಕಟ್ಟಡ ನಿರ್ಮಾಣ ಮಹಡಿ
ದ.ಕ. ಮಂಗಳೂರು-575 001

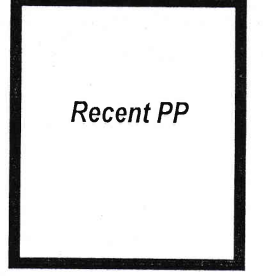
**NATIONAL HEALTH MISSION
DISTRICT HEALTH & F.W. SOCIETY ®, D.K,Mangaluru**

Application for the post of

Staff Nurse -ICU/HDU Staff Nurse -CHC Staff Nurse -SNCU

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:
3. Religion:
4. Caste category (Attach Document) :
5. Kannada Medium Candidate : Yes No
(If Yes, Attach Document)
6. Rural Candidate : Yes No
(If Yes, Attach Document)
7. Physically Handicap : Yes No
(If Yes, Attach Document)

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 Registration Certificates: (KNC/RGUHS)

V. Attach Experience Certificates: (As per notification)

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