



NATIONAL URBAN HEALTH MISSION
BANGALORE CITY HEALTH AND FAMILY WELFARE SOCIETY®
BRUHAT BENGALURU MAHANAGARA PALIKE

Office of City Program Management Officer, New Annexe Building-3, 3rd Floor, BBMP Head Office, N R Square, Bangalore-560002

Application for recruitment on contractual basis under NUHM

To
City Program Management Officer
NUHM, New Annexe Building-03
No: 304 & 305, 3rd Floor
BBMP Head Office
N R Square, Bangalore-560002

Please affix passport size
photo here.
Do not staple

Notification Number : _____

Date of the notification : _____

Name of the post applied for: _____

1) Applicants Full Name: _____
(in Block Letters)

2) Father/Guardian's Name: _____

3) Permanent Address:

4) Postal Address: _____

5) Contact Nos: Mobile No :

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Land Line No: _____

6) Email Address: _____

7) Gender:

Male		Female	
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8) Date of birth:

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(As in S.S.L.C/Class 10th Marks Card)

9) If asked for reservation, please tick in the appropriate box.(Enclose the photocopies of supporting documents)

a) S. C/S.T/Gen.Merit

S.C	S.T	Indicate sub-caste if S.C/S.T	General Merit

b) Other backward castes:

Cat-1	2A	2B	3A	3B

c) Other reservation:

Others	Woman	Rural	K.M	Ph.H	P.D	Ex.S	H.K

10) Educational Qualification: As per requirement of the post

Year	Total Marks	Secured Marks	%
1 st year			
2 nd year			
3 rd year			
4 th year			
Aggregate			

11) Experience(If applicable): _____ years

Candidates' Declaration:

I have carefully read all the instructions and will abide by them. I have read and understood educational qualification, age limit, reservation and other criteria mentioned in the notification. I declare that all the statements/information mentioned in the application are true and correct to the best of my knowledge. I am liable for any legal actions undertaken by the Bangalore City Health & Family Welfare Society® , if any malpractices are detected prior to or after the recruitment process.

Place:

Date:

Signature of the applicant