



National Health Mission, Uttarakhand

UKHFWS, Directorate of Medical Health & Family Welfare
Danda Lakhond, Post Gujrada, Sahastradhara Road, Dehradun

Form for Bridge Program (Certificate) in Community Health

1. Name (In Capital Letters)			Paste Passport Size photograph here
2. Father's Name			
3. Date of Birth		4. Sex (M/F)	
5. Marital Status			
6. Age (as on 01 May 2018)		7. Category:	Signature
8. E-mail ID:	9. Mobile No:		
10. Professional/ Academic Qualifications – Please attach certificates			
Qualification	Institution/University	Year of Passing	
11. Experience – Please attach certificates, if any			
Name of the Organization/Institution	Designation	Duration/ Time Period	

Declaration

Iaffirm that the information given in this proposal is true and correct. I also fully understand that if at any stage it is discovered that an attempt has been made by me to willfully conceal or misrepresent the facts, my proposal may be summarily rejected

Date:

Place:

Signature of Candidate

Note:

1. Please enclose the self attested copies of documents /certificates for serial no. 3 (Date of birth), 7 (Category),10(Academic Qualification) & 11 (Work Experience), NOC from current employer and CV with completed application form.
2. Shortlisted candidates will be informed for interaction through their e-mail.
3. The candidates should mention at the top of the envelope: **Form for Bridge Program (Certificate) in Community Health.**
4. Application to be sent to:

Office of National Health Mission,
Directorate of Medical Health & Family Welfare Danda
Lakhond, Post-Gujrada
Sahastradhara Road, Dehradun – 248001

