

## APPLICATION FORM

To  
The Chairman  
Hooghly-Chinsurah Municipality  
Mahendra Mitra Road, Pipulpati  
Hooghly, 712103

Affix Self  
attested recent  
color passport  
size photo

**Application for the post of Health Officer**  
Employee Notice vide memo No. 4440/A/HD-HC /HCM , Dt.25.08.2022

1) Full Name ( In capital Letters) :

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2) Father's/Husband's Name ( In capital Letters) :

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3) Date of Birth (DD/MM/YYYY):.....

4) Age as on 01.01.2022.....

5) Gender : .....

6) Nationality:.....

7) Present Address for communication (In capital Letters) :

VILL./ TOWN.....

P.O..... P.S.....

STATE..... PIN.....

8) Permanent Address (In capital Letters) :

VILL./ TOWN.....

P.O..... P.S.....

STATE..... PIN.....

9) Contact No.....

10) E-mail ID.....

11) Academic Qualification :

Sl. No.	Examination Passed	Board/Council/University	Year of passing	Total Marks	Marks obtained	Percentage

12) Additional Qualification (if any)

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13) Working Experience (if any)

SI. No.	Name of the organization	Name of the post	Date of Joining	Date of Leaving	Total working period (in years)

I do hereby declare that all the information stated in this application from are true. In case any of my information furnished and document attached hereto is found to be not true and if I fail to produce relevant documents in support of the eligibility criteria, my candidature is liable to be cancelled by the appropriate authority at any stage of the Selection/ Recruitment process.

Date:

Place

\_\_\_\_\_  
Full signature of the applicant