



## 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, 3<sup>rd</sup> Floor, BBMP Head Office, N R Square, Bangalore-560002

## Application for recruitment on contractual basis under NUHM

To City Program Management NUHM, New Annexe Buildi No: 304 & 305, 3 <sup>rd</sup> Floor BBMP Head Office N R Square, Bangalore-560	ing-03	Please affix passport size photo here. Do not staple
Notification Number Date of the notification Name of the post applied f	: : for:	
(in Block Letters)	e:	
3) Permanent Address:		
4) Postal Address:		

5)	Contact Nos: Mobile N	o :									
	Land Line N	No:									
6)	Email Address: _										_
7)	Gender:		ı					T_			
				Ma	е			Fem	nale		
8)	Date of birth:									_	_
		(	As in S.	S.L.C	/Class	10 <sup>th</sup> [	Иark	s Card	d)		
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b)	Other backward castes:	_	S.C	Car		2A	cas				_
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	Other backward castes:	_					cas	ste if S	.C/S.T	Mer	_

## 10) Educational Qualification: As per requirement of the post

Year	Total Marks	Secured Marks	%
1 <sup>st</sup> year			
2 <sup>nd</sup> year			
3 <sup>rd</sup> year			
4 <sup>th</sup> year			
Aggregate			

11) Experience( If applicable): yea	rs
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## 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