

Acknowledgement

Pt. B.D. Sharma University of Health Sciences Rohtak

Name of the Candidate _____

Advt. No. _____ Category No. _____

Father's Name _____

Name of the Post applied for _____ Dated _____

Superintendent
Pt. B.D. Sharma UHS, Rohtak

(APPLICATION FORM)

Advt. No. _____ Category No. _____

Name of the Post _____

1. **CNDIDATE'S NAME** in capital letters as given in class X certificate

[illegible][illegible]

(Signature of Candidate)

2. **Father's Name** in capital letters as given in class X certificate

[illegible]

3. Date of Birth :

Date
<div style="display: flex; justify-content: space-between;"><div><div></div><div></div></div><div><div></div><div></div></div></div>

Month
<div style="display: flex; justify-content: space-between;"><div><div></div><div></div></div><div><div></div><div></div></div></div>

Year
<div style="display: flex; justify-content: space-between;"><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div>

4. Age as on eligibility date: Years Months Days

5. **Sex:** Male ☐ Female ☐

6. Category as applicable please Tick: ☒

GEN SC BC-A BC-B ANY OTHER

--	--	--	--	--

7. Sub category of GC, SC, BC-A & BC-B as applicable please Tick: ☒

PH Sports Person ESM/ DESM

--	--	--

8. Are you domicile of Haryana: YES ☐ NO ☐

9. Nationality: Indian ☐ Other ☐

10. write name and complete correspondence/ permanent address, in Block Letters

Name: _____

Address: _____

Contact No. _____ Pin Code: _____

11. Educational & Professional Qualification :-

Educational Qualification	Name & University/ Board	Year of Passing	Marks Obtained	Total Marks	% age	Division	Subject
10 th or Equivalent							
10+2 or Equivalent							
Graduation or Equivalent							
Post Graduation or Equivalent							
Professional Diploma/ Degree							
Any other Professional/ Educational qualification							

12. Experience if any:

Sr. No.	Post held	Name of the Organization/ department	From	To	Total experience	Reason for leaving
1.						
2.						
3.						
4.						

13. Extra Curricular activities if any please tick: ☒

Blood Donation

☐

NCC

☐

NSS

☐

Any other

Sports

District Level

☐

State Level

☐

University Level

☐

National Level

☐

International Level

☐

14. Physical identification mark:

15. Declaration: I hereby declare that:-

All statements made in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, or ineligibility being detected before or after interview/ appointment/ selection, my candidature may be cancelled and action can be taken against me.

Place: _____

Date: _____

Signature of the Candidate

Thumb Impression of the Candidate

PLEASE WRITE YOUR COMPLETE CORRESPONDENCE ADDRESS:

Name: _____

Address: _____

Contact No. _____ Pin Code: _____

Name: _____

Address: _____

Contact No. _____ Pin Code: _____

Name: _____

Address: _____

Contact No. _____ Pin Code: _____