

**COMMON APPLICATION FORM**  
**CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, BARGARH**

<b>Post Applied for</b>  <small>N.B. Candidate those who will apply for multiple post they must have to submit separate application, otherwise application will be rejected.</small>	<b>Advertisement No:</b> _____ _____ _____ _____	<b>Recent color Passport size Photograph to be pasted (Not to be stapled nor to be pinned)</b>
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**1. NAME OF THE APPLICANT (in block Capital Letters):**


**2. FATHERS NAME (in block Capital Letters) :**

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**3. PRESENT CONTACT ADDRESS: (should be filled up in Capital Letter)**

C/o															
Street Name															
Village / Town Name															
Via															
Pin Code															
District															
Email ID															
Phone No. in use															
WhatsApp No															

**4. PERMANENT CONTACT ADDRESS: (should be filled up in Capital Letter)**

C/o															
Street Name															
Village / Town Name															
Via															
Pin Code															
District															
Email ID															
Phone No. in use															

**5. DATE OF BIRTH:**

D	D	M	M	Y	Y	Y	Y
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**6. AGE AS ON (01.08.2025):** \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_ DAY

**7. GENDER: (tick v in the appropriate box)**

MALE ☐

FEMALE ☐

OTHER ☐

**8. MARITAL STATUS:**

MARRIED ☐

UNMARRIED ☐

**10. EDUCATION QUALIFICATION:**

Degree	Institute / Board & Location	Year	Mark		
			Total Marks	Marks Secured	%

**11. EXPERIENCE:**

Name of the Firm	Post Held	From	To	Job Chart

**ENCLOSURES:**

1. All Academic Qualification Certificate & Marksheet. (Self-Attested) as per Advt.
2. Experience Certificate if any (Self Attested)
3. Other Document if any.
4. Proof of Identity
5. Two Passport size photographs

**DECLARATION**

Declaration: I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that, if at any stage, it is found that any of the above material information is false / incorrect or is suppressed by me, my candidature / appointment under Odisha State Health & Family Welfare Society (OSH&FWS), Odisha is liable to be rejected / terminated. I also declare that I have never been disengaged from service under the OSH&FWS, Odisha on administrative ground such as disobedience / poor performances/ misbehaviour/ criminal activity etc.

Place:

Date:

**Signature of the Candidate in Full**