

APPLICATION FORM

Nagaland Health Protection Society Department of Health and Family Welfare		Affix recent passport size photo in the box			
Applying for the post of					
(TO BE FILLED IN BLOCK LETTERS)					
Sign here					
1	Name of Applicant				
2	Father's Name				
3	Gender				
4	Tribe				
5	Date of Birth(DD/MM/YYYY)				
6	Contact Number				
7	Present Address				
8	Permanent Address				
9	Educational Qualification				
	Level	Stream	University	Year of Passing	Percentage Obtained
	Bachelor's Degree				
	Master's Degree				
	Certificate Courses (if any)				
10	Experience Details				

Certify that the information provided is true to the best of my
knowledge.

Signature of Applicant

Information to Applicants

- 1 Documents to be submitted:
1(One) self attested photo copy of HSLC/HSSLC/Degree Certificate and aggregate mark sheets.
- 2 Shortlisted candidates information shall be made available in the Notice Board of Directorate of Health& Family Welfare and will also be published at cmhis.nagaland.gov.in
- 3 No application shall be accepted after the deadline of 12:00 PM on 10/01/2025.
- 4 Lobbying of any kind shall result in automatic disqualification of candidature.