

# Notification No 482/2022/DMHO.Nirmal.

## Application for the post of Middle Level Health Provider

(MLHPs) at Urban & Rural Sub-Centres to be converted as Health and Wellness Centres.

Name of the District: **NIRMAL.**

Please affix a  
recent Passport  
Size Photo

Name of the Candidate	
Father/Husband Name	
Date of Birth (SSC Certificate to be enclosed)	
Gender (Please Tick)	Male / Female
Community Status (Certificate to be enclosed)	SC / ST / BC (A) / BC (B) / BC (C) / BC (D) / BC (E) / OC
In case of BC Whether belongs to Non-Creamy Layer (Please Tick)	YES / NO (Certificate to be enclosed for Yes)
Whether Physically Handicapped	YES / NO (Certificate to be enclosed for Yes)
Whether NCC Instructor	YES / NO (Certificate to be enclosed for Yes)
Address for Communication	
Mobile No.	
Email Id	

### Details of School Education

Class	Year of Education	Regular/Private	Name of the School	District of the School
1 <sup>st</sup>				
2 <sup>nd</sup>				
3 <sup>rd</sup>				
4 <sup>th</sup>				
5 <sup>th</sup>				
6 <sup>th</sup>				
7 <sup>th</sup>				
8 <sup>th</sup>				
9 <sup>th</sup>				
10 <sup>th</sup>				

Contd.....2....

## Details of Qualifying Examination.

Course	Year of Education	Year of Passing	Name of the Collage & District	Name of the University

## Details of Registration of Qualifying Exam.

Registration No.	Registration Date	Name of the Council where Registered

## Details of Marks in Qualifying Exam

Consolidated Total Marks of the Exam	Marks Obtained by the Candidate	Percentage (%) Obtained Grade obtained

## Details of Application Fee Paid (Rs.....per Candidate)

(Payable in the form of Demand drawn on .....  
District.....)

Demand Draft No.	D.D. Date	Name of the Bank & Branch

## DECLARATION

I hereby declare that all the details provided by me in the above application are true and correct to the best of my knowledge. Any Misrepresentation suppression of facts by me, if noticed at a later date, will forfeit my right to appointment and I shall be responsible for same.

Dated:

Signature of the Candidate

List of Enclosures (Xerox Copies of Certificates)

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

ACKNOWLEDGEMENT TO CANDIDATE

Application for the post of Middle Level Health Providers (MLHPs) is received from

Name of the Candidate :

Fathers/ Husband Name :

Date of Acknowledgement :

Received by

Signature and Seal  
O/o DMHO Nirmal

