Application Form for the Selection of ASHA (Use Blue or Black Ball Pen to fill in the Application Form)

Space For Office Use Only		N	Name of Health Sub-Centre and Village								
Roll No.		T A F	To The Member Secretary, ASHA Selection Committee, Raiganj, Uttar Dinajpur I am submitting my application along with the documents attached hereto.					of r pa phot si	Space for Pasting of recent coloured passport size photograph duly signed by the applicant		
Name of Applicant (in Block letters)								Sub-D	Sub-Division: Raiganj		
Name of Applicant's Husband: (in Block letters)			Name of Applicant's Fa (in Block letters)				ther:				
Residential Address (in Block letters) Police Station:			Post Office:								
					District: U	District: UTTAR DINAJPUR			PIN Code:		
Contact No. (Mobile):			Name of Health Sub-Centre and Village:								
Marital Status (Put Married: Tick mark)			Divorced:			Wido		idow:	ow:		
The distance of Health Sub-Centre from Applicant's house			K.M.								
EPIC (Electoral Photo Identity Card) No.			Caste Certificate (SC/ST) No. (If Applicable)				Ration Card No.				
Details as per latest Electoral Roll (Voter List)					Name	Name		Part N	Part No Serial No		
a) Name of the A											
b) Name of the living Husbandc) Name of the Father of the Widow/											
Divorced Details regarding Mac	lhvamik Exam or	equiva	lent								
Name of Examinatio				,	/224 of	Бим					
Traine of the B		ie Boai			ear of g/Appeared	Full Marks		Marks Obtained	Percentage (%)		
★ Highest Educational	Qualification (H.S.	/Gradua	ation/Post Gr	raduation),	If any.						
Self attested documents 1) Applicant's recent co 2) One Self addressed B 3) Admit Card or Certif 4) EPIC/Ration Card for 5) Caste (SC/ST) Certifi 6) Certificate as to mem 7) Testimonials of High	lloured passport siz Blank envelop affixi icate of Madhyami r proof of residence icate (If Applicable ber of Grade I and	e photo ed with k or eque. e. Crade	graph duly s Postage Star uivalent exar	igned by he mp of Rs. 5 mination/ A med Dai/ Li	er. ny other Age nk worker		ost Gra	aduation, etc.)	, If a	ny.	
I, the undersigned, do belief. If any of such do action taken against m	ocument(s) is/ are	lound	talse and fal	bricated, I	above are con shall be held	responsible ar	to the	best of my ki	nowl	edge and ver Penal	
Date:- Sign							ignatı	ature of Applicant			