**APPLICATION**

**Affix recent PP Size Photograph duly attested by Gaz. Officer**

**Post applied for :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Name (in Block letters) : …………………………………………………...............
2. Father’s Name : …………………………………………………………….
3. Date of Birth : …………………………………………………………….
4. Age as on 01 January 2018 : ……………………………………………………............
5. Sex : Male / Female / Others : …………………………………………………………….
6. Category (OBC/UR) : …………………………………………………………….
7. Educational Qualifications : …………………………………………………………….
8. Experience, if any : ……………………………………………………............

…………………………………………………………….

1. Permanent Address : ……………………………………………………………   
    …………………………………………………………...   
    ……………………………… PIN : ……………………

10.Present Address (Address for communication)

: …………………………………………………………….   
 …………………………………………………………..   
 ……………………………… PIN : …………………...

11.Tele/Mob No. : ……………………………………………………………

12. E-Mail ID : ……………………………………………………............

13. Employment Exchange Registration No. : ………………………………………….

I, hereby, declare that all statements given above are correct and true to the best of my knowledge. I understand that my candidature/ appointment is liable to be cancelled if any information is found be false or suppressed.

Date : Signature :

Name :

**Affix recent PP Size Photograph duly attested by Gaz. Officer**

**ADMIT CARD**

**FOR THE POST OF FIELD WORKER**

Name : …………………………………………………………………………………………………………

Address : ……………………………………………………………………………………………………... …………………………………………………………………………………………………………………….

Signature of candidate : …………………………………….

(………………………………………………………….)

Signature and name of the Gazetted officer (Office Seal)

Date : ………………………………

**FOR OFFICE USE ONLY**

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|  |

ROLL NO. :

Venue of examination : ………………………………………………………………………..........

Date and Time of Examination : ……………………………………………………………………

PORT HEALTH OFFICER, COCHIN

**Checklist for the Applicants**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Item** | **Yes / No** |
| 1. | Educational certificates (Matriculation or equivalent mark sheet) |  |
| 2. | Experience Certificate |  |
| 3. | Age proof certificate |  |
| 4. | Caste Certificate as applicable |  |
| 5. | One self-addressed envelope of 25cmsx10cms affixed with Rs. 25 worth postal stamp. |  |