



URBAN HEALTH SOCIETY

AHMEDABAD MUNICIPAL CORPORATION

"Health Bhavan" Ground Floor, Old TB Hospital Compaund,

Opp Old Gita Mandir S.T. Bus Stand, Gita Mandir Road.- 380022 . Tel:079-25390651



Affix your latest Passport size Photograph duly self attested

APPLICATION FORM FOR THE POST OF MONITORING AND EVALUTION ASSISTANT

FORM NEED TO BE FILLED IN CAPITAL LETTER ONLY

FOR OFFICE USE ONLY

Application No :

Post Applied For:

1. Name in full _____

Father's/ Husband's Name: _____

Mother's Name : _____

2. Present Address: _____

Mobile No: (1) _____ Mobile No: (2) _____

Permanent address: _____
_____ Tel No: _____

3. Age (in years): Date of Birth: Place Of Birth: _____

4. Email id: _____

5. Full particulars of qualifications acquired commencing from S.S.C./H.S.C./Diploma/Degree/ Master Degree/ (Please mention about the successfully completed Course only)

Name of Exam /Degree	School/ College / University	Year of Passing	Class/Division	Rank / %	Trial
B.Com					
M.com					
Any other please specify					

(A) Any professional/ other training taken detail with duration and name of institute:

6. Computer Knowledge:

Course Name	University/Center	Class/Division	Year of Passing	Rank /%

7. When can you join if offered an appointment?

8. Details of the previous appointment and working experience:

Name of institution & Department	Designation	Type of Work	From DD/MM/YY	To DD/MM/YY	Total Experience in Years & months

9. Physiology Details:

Religion		Nationality	
Marital Status			
Disability of permanent nature or chronic illness, if Any			

10. Please name two references who are not your relative and who can certify about your

Work and conduct:

(1).	(2).
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11. Any other relevant Information:

I solemnly declare that the particulars furnished in this application are true and correct. I clearly understand that any misstatement of fact contained herein or willful concealment of any material fact will render me liable to appropriate action as may be decided by UHS-AMC. I accept all the terms & conditions mention in the advertisement issued by The Urban Health Society, Ahmedabad.

Place:

Date :

Signature :

- N.B. (1) Candidates should furnish with this application true copies of all the certificate, testimonials of education qualification from S.S.C. Onwards and experience & computer etc., duly certified by Gazetted Officers.
- (2) Application with incomplete information will not be accepted.
- (3) The application should be in the candidate's own handwriting.

ENCLOSURES

Sr. No.	Documents	Page no.
1	Proof of Birth (Birth certificate or school leavening certificate)	
3	S.S.C.& H.S.C. Mark Sheet (including mark sheet of failure)	
4	Degree Mark Sheet (including mark sheet of failure)	
5	Mark sheet & Degree Certificate of any additional Qualification (including mark sheet of failure)	
6	Degree Certificate	
7	PG Degree Certificate – if available	
8	Experience Certificate	
9	Computer Certificate	
10	Any other documents (mention)	