

GOVERNMENT OF NAGALAND
STATE HEALTH SOCIETY: NATIONAL HEALTH MISSION
DEPARTMENT OF HEALTH & FAMILY WELFARE
NAGALAND: KOHIMA

APPLICATION FORM FOR 6-MONTHS CERTIFICATE PROGRAMME IN COMMUNITY HEALTH
(SIXTH SESSION).

Form No.

(PASSPORT PHOTO
OF THE
CANDIDATE)

1. Name in full (in block letter) : _____
2. Father's Name : _____
3. Date of Birth : _____
(As per HSLC admit card)
4. Age (as on 01.07.2021) : _____ Years _____ Months _____ Days
5. Identification mark : _____

6. Educational qualification : (From Cl. 10 onwards).

Sl. No	Qualification	Institute with full address	Year of passing

7. Work Experience :

Sl. No	Worked as (designation)	Worked at (name of the Health institute/organisation)	From	Till

8. Name of the village : _____ District _____
9. Name of the tribe : _____
10. Permanent address : _____
: _____
11. Present address : _____
: _____
12. Contact Number : _____

Date : _____
Place : _____

(Signature of the Candidate)

Required documents:

1. a). For GNM Photostat copy of INC registration certificate/ provisional certificate from the institute.
b). For B. Sc Nursing/ Post basic Nursing Photostat copy of Course completion certificate.
2. Photostat copy of Indigenous/Scheduled tribe certificate.
3. Photostat copy of HSLC admit card.

Terms and conditions:

1. Any dispute arises during the process; the decision of the Board shall be final.
2. Date of issue of form:
3. Last date of submission :
4. Written test/Interview date.....