

APPLICATION FORM FOR “ASHA”

Please fill-up the Application in CAPITAL LETTERS in OWN HAND WRITING with Black/Blue ball point pen and mark tick [✓] where applicable

1. Name of the Candidate
 2. Father's Name
 3. Husband's Name

Paste recent
colour
passport size
photograph
here

4. Age (as on 29.12.2021) Year: Month: Date:

5. Date of Birth 6. Gender: Male: Female:

D	D	M	M	Y	Y	Y	Y

7. Postal Address of the applicant

a.	Name of village where she resides	
b.	Name of Health Sub-Centre, where she resides	
c.	Name of Mouza where she resides	
d.	Name of Gram Panchayat where she resides	
e.	Name of the Block where she resides	
f.	For which village she is applying	

8. Category: General SC ST

9. Contact No. / Mobile No.

10. E-Mail ID (if any) _____

11. Educational Qualification

Sl. No.	Examination Passed	Year of Passing	Board/ Council/ University	Total Marks Obtained	Division/ Class	% of Marks
1						
2						
3						
4						
5						

12. Experience & Certificate of Grade-I/Grade-II SHG members/Trained Dais/Link Workers, if any :

13. Married Woman: Widowed Women: Divorced Woman:
 (Attach proper Document) (Attach proper Document)

14. Enclosures (tick in the brackets):

- a) Voter's Card (EPIC) [] ; b) Ration Card [] ; c) Admit Card / Certificate of Madhyamik or its equivalent [] ; d) Mark Sheet of Madhyamik or its equivalent [] ; e) Mark Sheet of Higher Secondary or its equivalent [] ; f) Mark Sheet of Graduation [] ; g) Mark Sheet of Master's Degree [] ; h) Birth Certificate [] ; i) Proof of Experience [] ; j) Caste Certificate [] ; k) Two copies coloured passport size photographs []

I hereby declare that all the information submitted by me in this application form are correct and true to the best of my knowledge and belief. If any of the above information is/are found wrong, my candidature, at any stage, can be cancelled and criminal action can be taken against me.

Date:

Place:

Signature of Applicant