



# AHMEDABAD MUNICIPAL CORPORATION

Aarogya Bhavan, Old TB Hospital Compound, Opp. Old S.T.  
Bus Stand Geeta Mandir Road, Ahmedabad – 380022.

Affix your latest  
Passport size  
Photograph  
duly self  
attested

## APPLICATION FORM FOR N.P.M.

FORM NEED TO BE FILLED IN CAPITAL LETTER ONLY

FOR OFFICE USE ONLY

Application No:

POST SR NO:

Post Applied For:

1. Name in full \_\_\_\_\_

Father's/ Husband's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

2. Present Address: \_\_\_\_\_

\_\_\_\_\_ Mobile No: \_\_\_\_\_

Permanent address: \_\_\_\_\_

\_\_\_\_\_ Email-Id: \_\_\_\_\_

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

4. 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	%	Trial

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

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5. Computer Knowledge:

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

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

8.1 Have you been abroad?

If yes, please mention countries visited with purpose & duration

Yes	No
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8. 2 Languages known

Mother tongue . . . . .

Language	Speak	Read	Write

9. Physiology Details:

Height (Cms)		Weight		Sex	
Religion		Nationality		Domicile	
Marital Status		No. of Children			
Disability of permanent nature or chronic illness, if Any					
Identification marks					
Wearing Glasses? If yes please mention Number & Duration.					

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.

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)	

**Gujarat Nursing Mirror**