



State Health Authority, Uttarakhand

Plot A-1, IT Park, Sahastradhara Road,

Dehradun-248013



Application Form

1. Position Applied for				Self attested passport Size photograph
2. Name (In Capital Letters)		3. Sex (M/F)		
4. Father's Name				
5. Date of Birth		6. Age (as on 01 March, 2023)		
7. Marital Status				
8. Correspondence Address:				
9. Permanent Address:				
10. E-mail ID:			11. Mobile No:	
12. Work Experience (Attach extra sheet, if required)				
Name of the Organization/Institution	Designation	Remuneration	Duration (From - To)	
13. Present Pay Matrix				
Name of the Organization/Institution	Designation	Pay Matrix	Duration (From - To)	

Note:

- 1. Only application form with details is required to be sent on the email provided.**
- 2. Shortlisted candidates will be informed for interview through e-mail.**
- 3. The candidates should mention at the top of the envelope:“Position Applied for.....”**
- 4. The applicant shall have to bring original certificates/documents related to the position at the time of interview.**

Declaration

I affirm that the information given in this application is true and correct. I also fully understand that if at any stage it is discovered that an attempt has been made by me to willfully conceal or misrepresent the facts, my candidature may be summarily rejected or my employment may be terminated.

Date:

Place:

Signature of Candidate