



സ്റ്റേറ്റ് ഹെൽത്ത് ഏജൻസി
കരുതലിന്റെ കൈത്താങ്ങ്

STATE HEALTH AGENCY-KERALA
Format for applying various positions under State Health Agency (SHA)

Applicant Details (To be filled by the applicant)

Post Applied For:	
Name of the Applicant: (In capital letters)	
Address:	
Age & Date of Birth:	Male / Female
Contact Number:	
E-mail id:	

Professional / Educational Qualification(s): (Highest qualification should come first)

Sl. No.	Qualification (Fulltime - regular course)	Institution / University	Percentage / Grade	Year Qualified

Professional Experience: (*Post Qualification Experience only*)

Sl.No.	Designation	Name of Organization	Period of Service (<i>From dd/mm/yy to dd/mm/yy</i>)	Total Period of Service (<i>yy/mm/dd</i>)

References (If any): (*Name, Office Address & Contact details*)

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Weather the Applicant is having any Physical Disability: If 'yes' specify the details and enclose copy of relevant certificates:

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Declaration

I hereby declare that all the facts mentioned above are accurate, and I take full responsibility for their accuracy.

Date:

Signature of Applicant

For office purpose only: