

**APPLICATION FORM (TCS/B/67/2018)**  
**FOR SPECIALISTS POSTS IN THE MINISTRY OF HEALTH, NUTRITION &**  
**INDIGENOUS MEDICINE**  
**(END POSTS)**

1	Name of the applicant		
2	a. Present Post		
	b. Present Station		
	c. Date of report to present Station		
3	Date of appointment to Preliminary Grade		
4	Date of appointment to Grade 11		
5	Date of appointment to Grade 1		
6	Date of Board Certification		
7	Details of no pay leave obtained	From (Date)	To (Date)
8	End Stations applied for( According to the order of preference)	1	
		2	
		3	
9	Qualifications	1	
		2	
		3	
10	Special Claims		
11	Contact Numbers	Official	
		Private	
12	Personal Address		

I do hereby certify that the above particulars are true and correct.

Date.....

Signature of the applicant

Observations of the Head of the Institution

Date.....

Signature

Recommendation of the PDHS /RDHS

Date .....Signature

❖ **There is a possibility to reject the applicant, if details provide are insufficient.**