

Dhule Municipal Corporation Dhule
15th Finance Commission
Recruitment 2024-25
Application Form

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(All fields in the forms are mandatory to be filled an Incomplete form submitted will be treated as rejected)

Exact Name of Post applied for :		
Name:		
Father's/Husband's Name:		
Date of Birth(DD/MM/YYYY)	Blood Group:	Gender:
Marital status :	Existing NHM Employee (Yes/ No)	Nationality:
Original Category :	Applying for Category:	Caste Certificate Attached Yes/No
Demand Drafts Details :-		
Name of Bank -	DD Amount in RS.	DD Number

Address/Contact Details: (Name of the District and Pin code is compulsory)

Address(Present): State Pin: Contact No:	Address (permanent):(Write same if same as Present Address) State Pin: Contact No:
E-Mail Id Correspondence:	Alternate E-mail id for Correspondence (if any):

Languages Known: (Write “Y” / “N”)	English	Hindi	Marathi	Other (Please Specify below)

Computer Proficiency:

Academic /Professional Educational all summary: (Starting form most recent)

From (MM/YY)	TO (MM/YY)	Degree/Diploma	University/Institute	Specialization/ Subjects	Final Year Total Marks & Obtained Marks	Final Year Percentage (%)

Permanent Work Registration No: (Only for MO) :-

Work/Experience Summary :(Starting form current/most recent)

Sr. No	Form (MM/YY)	To (MM/YY)	Organization	Designation	Responsibilities (Min.30 & Max.50 Words)
Total Experience (In Years & Months):				Relevant Experience to the post applied (In Years & Months):	

Details of Internship /Workshops/Conferences/Trainings Attended (if any):

-: Declaration :-

1) I the applicant _____ do hereby declare that I have not been arrested or convicted or held guilty or facing disciplinary enquiry for any offence and that no case is pending against me in any Criminal Court for any offence.

2) I have ____ (Number) living children as on today. Out of which No. ____ of children born after 28th March, 2005 is _____ (Mentioned dates of birth, if any).

3) I am aware that, if any total number of living children are more than two due to the children born after 28th March 2006. I am liable to be disqualified for the same post.

4) I hereby declare that all statements made in the application are true, Complete and correct to the best of my knowledge and belief. I understand that in the event of any information being

Name
:

Place

Signature

Checklist for documents to be submitted

- 1) Full filled Application form in the prescribed format.
- 2) For MO and SN Valid registration certificate. If not renewed, renewal receipt.
- 3) Graduation – All years marksheet.
- 4) If any post-graduation, Post-graduation certificate & Marksheet
- 5) Experience – a) If Existing NHM Employee, Proof of experience.
b) If not existing NHM Employee, Proof of experience in Health. (Govt, Semi Govt, ZP) etc.
- 6) Computer Proficiency - MS- CIT/ DOE ACC Course- for the Post of Program Assistant if applicable.
- 7) For age Proof – School Leaving Certificate/ 10th or 12 th Passing Certificate
- 8) Caste Certificate if applying in category