

Application Form

To
The Secretary
Ashadip Medical and Social Welfare Association

Registered Office

At + P.O +P.S - Sabang,
Dist- Paschim Medinipur, WB
Pin- 721305,

Regional Office

Peerbaba Tower,
1st & 2nd Floor,
OT Road, Inda, Kharagpur,
Dist- Paschim Medinipur, Pin-721305,

Application for the Post of.....

Bio-Data

Color
Photo

1. Name :-.....
2. Address :-.....
.....
Pin
3. Husband/Father's :.....
4. Date of Birth: -
5. Sex: -.....6. Religion :-.....
7. Mobile No :-8. Mail Id :-
9. Category : ST/SC/OBC/Others :-
10. Last Education Qualification :-
11. Other Qualification if any :-

Declaration :-

I do hereby solemnly declared that the above mentioned furnished by me true to the best of my belief and knowledge. If any particulars mentioned by me are found false then at any stage I shall be liable to be terminated without any notice.

Place :-

Date :-

Signature

Attachments with Application Form

- 1) Passport Color Photo
- 2) Photo ID
- 3) Ten pass Admit
- 4) Last Marksheet
- 5) Rs. 100/- Application Fees
(NEFT OR MONEY TRANSFER RECEIPT)

Ashadip Medical and Social Welfare Association.

Payable at Sabong, Current A/C No-31707524591, IFSC Code -SBIN0014096

Application Form and All supporting Documents Email to

ashadipmedical@gmail.com

Or info@ashadip.org