

ASHADIP MEDICAL AND SOCIAL WELFARE ASSOCIATION

Registered by Govt. of West Bengal XXVI Act 1961

Regd. No.- S/1L/31387 ★ PAN No.- AABAA4112B

ISO 9001:2008 Certify Organization

Regd. Office : At. + P.O.- Sabang, Dist. - Paschim Medinipur, Pin-721144 (W.B.)

Phone : (03222) 249076, Mob. : 09732612485

Website : www.ashadip.org, E-mail : ashadipmedical@gmail.com



Candidate Registration Form

Basic Information :-

UID/Aadhar Number

★

First Name

★

Middle Name

Last Name

Father's Name

★

Middle Name

Last Name

Mother's Name

★

Middle Name

Last name

DOB (dd/mm/yyyy)

★

Permanent Residence (Domicile):-

State

★

District

★

Category

★ General SC ST OBC

Minority

★ Yes No

Religion

★

Gender

★ Male Female Transgender

Marital Status

★ Married Unmarried

PWD (Differently abled)

Yes No

Special Group

Yes No

Is a SHG Member

Yes No

RSBY Card Holder

Yes No

AAY Card Holder

Yes No

Project Life

Yes No

SECC Number

BPL Number

PIP Number

MNREGA Card Number

EID Number

Email Id

Mobile Number

★

Alternate Mobile Number

General Information:-

Address:-

Education Qualification:-

Experience Qualification (Latest 5 only from Current to Past)

Account Details:-

Enrollment Details and preference:-

Documents:-

Annual Family Income (in Rs.)



Family Details:-

Name

Relation

Age

Gender

Male

Female

Transgender

Marital Status

Source of Income/Occupation

Is a SHG Member

Yes

No

Language Proficiency:-

Language

Read

Write

Speak

Permanent Address:-

Address Type

RURAL

URBAN

House no. /Bld. No. /Apt. No.

Street Road/Land

Landmark

State/UT

District

Block

Gram Panchayat

Village

Police Station

Pin Code

Post Office

Current Address:-

Same as Above

Address Type

RURAL

URBAN

House no. /Bld. No. /Apt. No.

Street Road/Land

Landmark

State/UT

District

Block

Gram Panchayat


Village

Police Station

Pin Code

Post Office

Please Enter Your Higher Qualification Details (Add at least one):-

 QUALIFICATION	BOARD/UNIVERSITY	SCHOOL/COLLEGE
<input type="text"/>	<input type="text"/>	<input type="text"/>
PASSING YEAR	STREAM	PERCENTAGE/GRADE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Any Other Qualification:-

Yes No Please Mention

Account Details:-

IFSC Code Branch Name

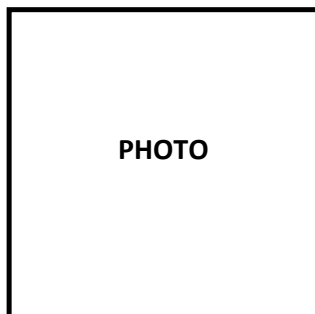
Bank Name

Name appearing in the bank account

Account Number as appearing in the passbook




State District

Documents:-



Documents Type

Document Name

 Proof Of Residence Document	<input type="text"/>
 Identification Document	<input type="text"/>
Age Proof	<input type="text"/>
 Proof That The Candidate Is Poor	<input type="text"/>
Category Certificate	<input type="text"/>
PWD	<input type="text"/>
Bank Account Number Proof	<input type="text"/>
Educational Qualification	<input type="text"/>