

# ASHADIP MEDICAL AND SOCIAL WELFARE ASSOCIATION

Regd. No.- S/1L/31387 of 2005-06, Govt. of West Bengal



Regd. Office :

At.+P.O+P.S - Sabang, Paschim Medinipur - 721144, W.B.

Regional Office :

Pirbaba Tower, 1<sup>st</sup> and 2<sup>nd</sup> Floor (Near LIC Office), OT Road, Inda, Kharagpur  
Paschim Medinipur - 721305, W.B.

Mobile : +91 9732612485

[www.ashadip.org](http://www.ashadip.org)

[ashadipmedical@gmail.com](mailto:ashadipmedical@gmail.com)

To

The Secretary,  
Ashadip Medical and Social Welfare Association

**Registered Office :-**At+P.O+P.S-Sabang,Dist-paschim medinipur,W.B,Pin-721144

**Regional Office :-**Peerbaba Tower,1st and 2nd Floor, O.T Road, Inda,Canara Bank  
Building,P.O. Inda, Kharagpur ,Dist. PaschimMedinipur, West  
Bengal,Pin - 721305

## Name Of The Post Applied For :-

Name Of The Candidate:

Father's / Husband's Name:

Correspondence Address:

Permanent Address:

Date Of Birth :

Pin :

Contact No :

Present Age :

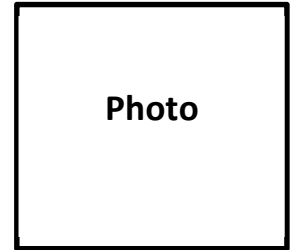
Sex :

Caste :

Nationality :

Religion :

Photo



**CADEMIC QUALIFICATION**

Exam	Board	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**OTHER QUALIFICATION(if any)**

Course	Institution Name	Affiliated By	Course Duration	Year of Passing	Percentage/Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Family Members**

SL	Name	Sex	Age	Relation
1.	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	<input type="text"/>

**NOMINEE DETAILS**

Nominee Name :

Nominee Age :

Nominee Relation :

**BANK DETAILS**

**Bank Name :**

**Branch Name :**

**Account Number :**

**Type of Account :**

**MICR Number :**

**IFSC Code :**

**Documents Attached**

1.
2.
3.
4.

**SPONSOR'S INFORMATION**

**Sponsor's Name :**

**Sponsor's ID :**

Amount Applied for :

.....  
**Signature of Applicant & Date**