

10.

a.	Service village applied for	
b.	Post code	
c.	Health Sub Centre	

11. E-Mail ID (if any): _____

12. **Details of Madhyamik or equivalent examination: -**

Name of examination	Year of Appearance/ Passing	Board/Council	Total Marks of the Exam (excluding additional subject)	Total Marks Obtained (excluding additional subject)	% of Marks

13. Details of experience with regard to Grade-I/ Grade-II SHG members/Trained Dais/Link Workers, if any:

15. **Enclosures (tick in the brackets): -**

(a) Voter's Card (EPIC) [] or (b) Ration Card [] or (C) Certificate from Gr-A officer []: (d) Admit Card / Certificate of Madhyamik or its equivalent []; e) Mark Sheet of Madyamik or its equivalent []; f) Caste Certificate, if applicable []; g) Marriage certificate/ Decree of Divorce/ Death certificate of husband/ Self Declaration on marital status in Annexure –B certified by Executive Assistant/ Secretary of concerned Gram Panchayat and Health Supervisor/ANM of concern Health Sub Centre []; h) Two copies attested coloured passport size photographs [].

I do hereby declare that all the informations submitted by me in this application form are correct and true to the best of my knowledge and belief. If any of the above information(s) is/are found incorrect, my candidature, at any stage, can be cancelled and legal action can be taken against me as per rules.

Date:

Place:

Signature of Applicant

Self declaration by the applicant for her marital status (Married/Divorced/Widow).

I, Smt _____ D/O, W/O _____

Presently apply for the post of ASHA for _____ (Service village)

under _____ (Health Sub Centre).

I hereby declare that:-

I am a resident of _____ and I have married to Shri

S/o _____

resident of _____ for the last _____ Years.

OR

I am widow of late _____ S/o _____

resident of _____ who expired on _____

OR

I am separated from my husband Shri _____

S/o _____ for the last _____ Years.

This is true to the best of my knowledge and belief and I have not suppressed any facts while giving the above declaration .

Date : _____

Place : _____

Full Signature of the applicant

This is to certify that the above mentioned information has been verified and it is true to the best of my knowledge.

**Signature of the Health Supervisor/ANM
with official seal**

**Signature of Executive Assistant/ Secretary
with official seal**