## DIRECTORATE OF HEALTH SERVICES(FW), ASSAM

## Swasthya Bhawan, Hengrabari, Guwahati-781036

	APPLICATION FORM			
osition of District Vaccine Cold	i) Cont	ase tick		

Paste here a copy of your recent

passport size photograph & Sign

in the box below

NAME OF THE POSITION (Please tick ) Chain Mai	nager
1. Applicant's Name in full (IN BLOCK LETTERS) :	
2. Father's Name in full :	
3. Date of Birth : (DD/MM/YYYY)	4. Age (as on 1 <sup>st</sup> January, 2021) : Year Month Day
5. Gender : (Male/Female) 6. Phone / Mobile :	7. Email :
8. Permanent Address :	9. Present Address :
PIN:	

## 10. Educational Qualifications:

- i) Essential Qualification: Graduate in any stream (from a recognized University)
- ii) Additional Qualification: Post Graduate Degree in Business Administration/ Post Graduate Diploma

in

Management/ Post Graduate Diploma in Supply & Cold Chain

Management /

Public Health Management.

Qualification	Subjects Specialization (Sc. / Arts / Commerce)	Year of Passing	School/ College/ University /Institute	Total marks %	Any other relevant information
HSLC / 10 <sup>th</sup> Standard					
HSSLC / 12 <sup>th</sup> Standard					
Graduation (if any)					A
MBA / PGDM etc					

i) Computer Knowledge (N Course		Duration	Year	lr.	nstitutio	n Any other r	elevant information
	ny other (specify):					(iv)	
14.	Work Experience: (Essenti	al : Minimum 1 year	working Experi	ence)			
SI. No.	Field of Experience	Name of the Organization	Post Held	Period		Total duration of Experience	Nature of Dutie
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		<u>ī</u>	DECLARATION				
do h	ereby declare that the ab	ove information is tru	ue and correct t	to the be	est of m	y knowledge and b	elief.
	Place :						
	Date :						
					-	Signature of the Ca	undidate (in