

DIRECTORATE OF HEALTH SERVICES(FW), ASSAM

Swasthya Bhawan, Hengrabari, Guwahati-781036

APPLICATION FORM

Paste here a copy of your recent passport size photograph & Sign in the box below

NAME OF THE POST : i) Contractual Post of Vaccine Cold Chain Manager(VCCM)

- | | | |
|---|---|---|
| <input type="checkbox"/> Biswanath District | <input type="checkbox"/> Majuli District | <input type="checkbox"/> K.Anglong District |
| <input type="checkbox"/> Charaideo District | <input type="checkbox"/> S.S.Mankachar District | <input type="checkbox"/> Cachar District |
| <input type="checkbox"/> Hojai District | <input type="checkbox"/> Barpeta District | |
| <input type="checkbox"/> W.K.Anglong District | <input type="checkbox"/> Nagaon District | |

Preferred District (Write 1 / 2 / 3 in the box)

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 1st January, 2021) :
Year Month Day

5. Gender : (Male/Female)

6. Phone / Mobile :

7. Email :

8. Permanent Address :

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.....State:.....PIN:.....

9. Present Address :

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.....State:.....PIN:.....

10. Educational Qualifications :

i) **Essential Qualification** : Graduate in any stream (from a recognized University)

ii) **Additional Qualification** : Preferably post Graduate Diploma / Degree in Management Course related to (Hospital Management/ Supply Chain Management / Public Health Management / others).

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

11. Other Qualification :

i) Computer Knowledge (Min. 6 Months Diploma in Computer Application) :

Course	Duration	Year	Institution	Any other relevant information

ii) Any other (specify) :

13. Language Known : (i) (ii) (iii) (iv)

14. Work Experience: (Essential : Minimum 1 year working Experience)

Sl. No.	Field of Experience	Name of the Organization	Post Held	Period		Total duration of Experience	Nature of Duties
				From	To		
1							
2							
3							
4							

DECLARATION

I do hereby declare that the above information is true and correct to the best of my knowledge and belief.

Place : _____

Date : _____

Signature of the Candidate (in full)