

# Office of the Additional Director

Central Government Health Scheme,

Swasthya Sadan, 2nd Floor

Mukund Nagar, Pune – 411037

Affix self-attested  
Passport Size  
coloured  
photograph

Application for the post of Lower Division Clerk

**(On Contractual Basis)**

1	Name of the Applicant (In Block letters)	
2	Father's/ Husband's Name	
3	Date of Birth & Age	
4	Sex: Male/Female	
5	Permanent Address with Pin code	
6	Address of correspondence with Pin code	
7	Telephone / Mobile No	
8	E-mail id	
9	Educational qualifications	
10	Other qualifications	
11	Experience, if any	
12	Pension Payment Order No.	

## Declaration

I hereby declare that the statements made in the application are true and complete and correct to the best of my knowledge and belief. In the event of any information being found to be false or incorrect or ineligibility being detected at any stage, my candidature/ appointment may be cancelled / terminated without any notice.

Place:

Date:

Signature of the applicant