

Advertisement No

dated

### Application form

Application form  
No .....  
(for office use only)

Recent coloured self  
attested  
P.P. size photo graph

1. Name of the post applied for deputation (please tick)

- a. Deputy Director (Mental health)
- b. Deputy Director (Rehabilitation)
- c. Deputy Director (Administration & Finance)
- d. Accountant
- e. Office assistant cum computer operator

2. Name of applicant  
(Capital letter)

: .....  
(Name) (Surname)

3. Father's name

: .....  
(Name) (Surname)

4. Parent Department  
(With full Address)

: .....  
.....  
.....

5. Permanent address

: .....  
.....PIN.....

6. Present address

: .....  
.....PIN.....

(Address proof : Enclosure 1)

7. Date of birth

: . . . / . . . / . . . . (In words .....)

(Attested true copy of mark sheet of Higher Secondary School Certificate Examination /equivalent examination exhibiting date of birth : Enclosure 2)

8. Age as on the date of Advertisement : ..... Years ..... Months ..... Days

9. Home district (Attach front  
page of Service book for proof)

: .....

10. Educational qualification details :

- (1) Post Graduation year : Degree . . . . .Specialisation in .....passing year.....
- (2) Graduation : Degree . . . . . Subject ..... passing year .....
- (3) Others (Diploma etc.) : Description .....

11. Service and experience details :

- (a) Parent Department.....
- (b) Details of organization :.....
- (c) Present Post of working: .....
- (d) Address of the present office of working: .....
- (e) Designation at first posting : .....
- (f) Name/post and full Address of office who will provide CR Grading and vigilance details will have to be asked for : .....
- (g) Present pay scale : .....  
(As per present applicable pay rules)
- (h) Present basic pay :. Rs .....  
(Enclose latest Pay slip, Enclosure-3)
- (i) Date of retirement .....
- (j) Post wise experience (as on date of publication of advertisement)

S. No.	Name of Post in increasing order	from date.....to date .....	work experience Years.....Months..... Days.....	Brief description of duty/work
1				
2				
3				
4				
5				
6				

(J) Total length of service (As on date of publication of advertisement)  
:.....Years . . . . Months..... Days.

12. NOC (No objection certificate) from Head of the parent department (Enclosure-4) Yes ( ) No ( )

13. Cell phone no. : .....

14. Email ID : .....

**(Please Enclose all the relevant documents)** : .....

(Signature of applicant)

Name of the applicant: .....

Name of the post applied for .....

Reason behind your willingness to serve under State Mental Health Authority, M.P:-  
(Write down in 200 words, in Hindi or English language)

**Declaration**

I hereby declare that no criminal proceedings /Departmental enquiry of any nature is pending against me. I further declare that information supplied by me in the application form and its supplementary parts and enclosures annexed to it; are true to the best of my knowledge & belief. My selection to the post may be cancelled and suitable action may be taken, if information furnished by me in the application form is found false or incorrect at any point of time in future. I already inform to my parent department for permission and taken NOC (No objection certificate) from Head of the parent department.

Date : . . . . .

(Signature)

Place : . . . . .

Name of the applicant: .....

Enclosures-

Designation: .....

Parent department: .....