GOVT. OF NCT OF DELHI  
DEPARTMENT OF HEALTH AND FAMILY WELFARE  

PROFORMAS FOR STATE AWARD TO PARAMEDICAL & NURSING STAFF  
(Nurses, ANMs, Pharmacists, and Technicians, etc.).

A. Biodata:

1. Name (in capital letters English) :  
2. Name in Hindi :  
3. S/o, W/o, D/o :  
4. Present Designation with date of assuming present designation :  
5. Official Address with PIN Code :  
6. Residential Address with PIN Code :  
7. Phone, Fax, Email.  
   Office :  
   Residence :  
   Mobile :  
   Email :  
8. Sex :  
9. Date of Birth :  
10. Date of joining service :  
11. Date of superannuation :  

12. Educational Qualifications:

<table>
<thead>
<tr>
<th>Name of Degree</th>
<th>Name of Board/University</th>
<th>Year</th>
<th>Honours / Distinction if any</th>
<th>Remarks</th>
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<td>1. Matriculation</td>
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<td>3. Graduation</td>
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<td>4. Post Graduation</td>
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<td>5. Ph D</td>
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<td>6. Technical Diploma/ Degree</td>
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<td>7. Others</td>
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13. Posting in chronological order:

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<tr>
<th>Designation</th>
<th>From</th>
<th>To</th>
<th>Institute</th>
<th>Nature of duties</th>
<th>Special contribution if any</th>
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14. Conference/Seminars etc. attended during last 2 years.

B. Special achievements: (if any in the field of National Health Programs, Family Welfare services, OTs/OPD/Wards/Labs, Health Fairs/Melas, Health Rallies, Health Exhibitions, Immunization, Antenatal Care, sports, Cultural Activities, Others (prevention of blindness, Waste Disposal Environmental improvement

C. Degree /Diploma/Certificate acquired during service:

D. Any other meritorious work/achievement

SIGNATURE

NAME OF THE APPLICANT

Date:
E. Certificate from Head of the Institution

1) Name of Institution:

2) Worked from to

3) As (designation)--

3) Total experience in years :

Application recommended for following achievements


SIGNATURE of HOD

Name and Designation

Date:

NB:  *Please attach separate sheet if required
    **No Application will be entertained without recommendation of HOD