

**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	:	

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Passport size
Photo

12. Educational Qualifications:

Name of Degree	Name of Board/ University	Year	Honours / Distinction if any	Remarks
(1)	(2)	(3)	(4)	(5)
1. Matriculation				
2. 10+2				
3. Graduation				
4. Post Graduation				
5. Ph D				
6. Technical Diploma/ Degree				
7. Others				

13. Posting in chronological order:

Designation	From	To	Institute	Nature of duties	Special contribution if any

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