

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

APPLICATION FORM FOR STATE AWARD TO GROUP-D STAFF

NOTE: This Proformas of State Award will be filled by the group D Employees (Safai Karamcharies, Choukidars,, Nursing Orderlies, Peons, Dressers and Drivers etc.) himself/herself or by the Officer who nominates him/her and duly checked by head of the institution.

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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. Academic Qualifications :

Name of Degree	Name of School/Board/ University	Year	Honours / distinction	Remarks
(1)	(2)	(3)	(4)	(5)
1. 5 th Pass				
2. 8 th Pass				
3. Matriculation				
4. 10+2				
5. Graduation				
6. Others				

13. Posting in chronological order:

Designation	From	To	Institute	Nature of duties	Special contribution if any

B. Other Achievements: (in the field of Sanitation, Security, Laundry, Kitchen, OTs, OPD, Wards, Labs, Health Fairs, Health Rallies, Health Education/WHO Day/Workshops, Health Exhibitions, immunization, yoga, Sports, Cultural Activities etc.

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**