



**DISTRICT MENTAL HEALTH PROGRAM  
BRUHAT BENGALURU MAHANAGARA PALIKE  
APPLICATION FORM**

Application for the post of: - \_\_\_\_\_

1. Name of the applicant (in block letters) :- \_\_\_\_\_
2. Father name (in block letters) :- \_\_\_\_\_
3. Date of Birth (with age in years) :- \_\_\_\_\_
4. Sex (Male or Female) :- \_\_\_\_\_ Email Address: - \_\_\_\_\_
5. Nationality :- \_\_\_\_\_
6. Marital Status :- \_\_\_\_\_
7. Permanent Address :- \_\_\_\_\_  
\_\_\_\_\_

8. Correspondence Address with contact (Mobile No): - \_\_\_\_\_  
\_\_\_\_\_

9. Educational Qualifications:

Sl No	Educational Qualification	Year of Passing	University / Board	Maximum Marks	Marks obtained	Percentage
	Total					



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10. Experience if any: -

Sl No	Name of the Employer	Designation	Duration		Total Period
			From	To	
Total no of years of experience-					

**Declaration**

I \_\_\_\_\_ hereby declare that the particulars furnished by me in this application form are true to the best of my knowledge and belief, in case any information is found to be incorrect, my candidature shall liable to be rejected.

Date: -

(Signature of the applicant)