

Declaration: I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that, if at any stage, it is found that any of the above material information is false/incorrect or is suppressed by me, my candidature/appointment under Health & Family Welfare Department (OSH & FWS), Odisha is liable to be rejected/terminated. I also declare that I have never been disengaged from service under Health & Family Welfare Department, Govt. of Odisha on administrative ground such as disobedience/poor performance/misbehaviour/criminal activity etc.

Date:

Place:

Full Signature of the Applicant

List enclosure (s): (Attach photo copy of following original documents & recent passport size photogr

1. Certificate in support of qualification.
2. Age proof
3. Identity proof
4. Resident Certificate
5. Registration of Nursing council/Pharmacy Council etc.
6. One pass port size photograph.