

Form P-11



NATIONAL ALLIED AND HEALTHCARE PROFESSIONAL ASSOCIATION

(A leading association for all Allied Health Care Professionals)

Sr. No.

(Official use only)

PERFORMA

Date.....

APPLICATION FOR THE POST OF SECRETARY/PRESIDENT,

NAHPA

1. **Name of candidate** (Block letters) Mr. / Mrs. / Miss
2. **Father's Name**
3. **Mother's Name**
4. **Date of Birth**
5. **State** **District**
6. **Applying for the State or District**.....
7. **Nationality**
8. **Permanent address**.....
9. **Present Address**
10. **Telephone No:**
- Mobile No**
- E-mail Id**
11. **Name and Address with telephone no. of the organization where presently working:**
.....
.....
.....
12. **Details of Five Years' administrative Experience**
.....
.....
.....

I hereby, declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I also declare and fully understand that in the event of any information furnished being found false or incorrect at any stage, my application/candidature is liable

to be summarily rejected at any stage and if I am ready appointed, my service is liable to be terminated without any notice.

Place:

Date:

(Signature of the Candidate)

Forwarded, the Information furnished above has been checked from the relevant records and found to be correct. **It is also certified that no disciplinary case is either pending or being contemplated against the applicant.**

(Signature of the forwarding Authority with Designation)