

GOVERNMENT OF INDIA

FAMILY WELFARE TRAINING & RESEARCH CENTRE

MUMBAI CAMPUS: 332, S.V.P. ROAD, KHETWADI, MUMBAI – 400 004.

TEL.: 2388 1724 / 2389 3165 **FAX NO.** (91) 22 – 2386 2736 **Email:** director.fwtrc@nic.in

NAVI MUMBAI CAMPUS: PLOT NO. 6 & 6 A, SECTOR 18, NEW PANVEL (E) – 410 206.

Website: www.fwtrc.gov.in

APPLICATION FORM

Name of the Course:

(Please tick the appropriate box.)

I) DIPLOMA IN HEALTH PROMOTION EDUCATION

II) POST GRADUATE DIPLOMA IN COMMUNITY HEALTH CARE

PHOTO

1. Name in Full:
(In Block Letters)

2. Sex :

3. Age (as on 31st March 2019) :

4. Marital Status :

5. Designation of the Present Post :

6. a. Present Address (to which communication to be sent):

b. Permanent Address (If different from above):

c. Phone No. (Office): _____ Phone No. (Residence): _____

Mobile No. : _____

d. Email (Compulsory): _____

7. Date & Place of Birth:

Date:

Place: _____

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8. Do you belong to Scheduled Caste / Scheduled Tribe / OBC:

YES	NO
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If Yes,

Scheduled Caste / Scheduled Tribe / OBC

Sub-caste: _____

(Please attach Valid Caste Certificate & OBC Non-Creamy Layer Certificate from the District Authority otherwise application will be treated as general category.)

9. Academic record:

Give particulars of all examinations and degrees obtained:

Exam / Degree	Board / Institution / University	Medium of Examination	Year of Passing	Division / Class with % of marks	Subject (s) Offered

10. Employment Record (If Any): (Please attach Experience certificate from Employer.)

Employer	Post held	From (Date)	To (Date)	Salary last Drawn	Reasons for leaving the post

11. List your important present job responsibilities:-

- 1.
- 2.
- 3.

12. Give reasons in brief as to why you seek admission and your expectation from this training course: -

- (1)
- (2)
- (3)

13. Give names, occupations / positions, contact numbers and addresses of two references, other than your relatives, who are in a position to give information about you and your work :-

I _____	II _____
_____	_____
_____	_____
_____	_____

DECLARATION BY THE APPLICANT

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief.

Place & Date:

SIGNATURE OF THE APPLICANT

EMPLOYER

(FOR USE IN THE CASE OF SPONSORED CANDIDATES ONLY)

In case the candidate is selected for the training at the Family Welfare Training and Research Centre, Mumbai, whether the State or Central Govt. of any other agency with whom the applicant working:

- a) Will relieve him / her? : YES / NO
b) Will provide him / her deputation Allowance or / and pay during period of training ? : YES / NO

Certified that Mr / Mrs / Miss _____ holds a post in this Department / Office / Institution / Organisation and that the statement made by him / her in this form are correct to the best of my knowledge and belief. I recommend his/ her admission to the training programme of the Centre.

SIGNATURE:

DESIGNATION:

Department / Office / _____
Institution / Organisation _____
Phone No. (Office): _____ Fax No.: _____
Mobile No. : _____ E-mail ID: _____

(OFFICE SEAL)

PLACE:

DATE:

ENCLOSURES TO BE ATTACHED ALONG WITH APPLICATION FORM:

1. SSC certificate (attested copy)
2. Graduation certificate (attested copy)
3. Age proof (attested copy)
4. Caste certificate along with validity certificate (attested copy)
5. Non creamy layer certificate for OBC candidates (attested copy)
6. Experience certificate
7. Forwarding letter from Competent Authority
8. Medical fitness certificate from the District Civil Surgeon or equivalent Competent Medical Authority

Applications should be sent by registered post to the Director, Family Welfare Training and Research Centre, 332, S. V. P. Road, Khetwadi, Mumbai - 400 004 on or before 31st March 2019.