

Department of Health and Family Welfare,
Himachal Pradesh, SDA Complex, Shimla-9,

Counseling held on dated..... at State Health and Family Welfare Training Centre, Parimahal, Shimla-171009 to the post of MLT Gr-II on contract basis through Batch wise Basis.

BIO -DATA

Registration No. Employment Exchange , valid upto
.....Date.....

Self
Attested
Passport
size
Photograph

1. Name of the post: Medical Laboratory Technician Gr-II

2. Name of Candidate:.....

3. Father's Name:.....Husband Name.....

4. Date of Birth:

5. Age as on date Year.....Month.....Days.....

6. Category:..... Sub Category:

8. Permanent Address: -
.....
.....

Correspondence Address:- -
.....
.....
.....

9.Mobile Number E-Mail(ID).....

10. Minimum Educational and other qualification required for the post of Medical Laboratory Technician Gr-II as per R&P Rules:-:-

Sr. NO.	Educational Qualification	Name of University/ Board/ Institute	Subject	Month and Year of Passing/ Batch	Maximum Marks	Marks Obtained	% of Marks
1.	10+2 Science						
2.	B. Sc. Medical Laboratory Technology/ B.Sc. Medical Technology Laboratory/ B.Sc. Medical Technology (Laboratory)/ B.Sc. Medical Laboratory Sciences/ B.Sc. in Medical Laboratory Technology (Lateral) from a recognized University or an Institution affiliated to a recognized University						

3.	Registration in HP State Allied Healthcare Council/ HP Paramedical Council for above said qualification alongwith latest / valid renewal certificate.	
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11. Copy of valid SC/ST certificate on parental basis (if applicable) No.

.....Date.....

Whether Produced

Yes/NO.

12. Copy of valid OBC certificate (If applicable)

Yes/No.....Date.....

13. Copy of valid EWS, certificate (If applicable)

Yes/No.....Date.....

14. Copy of valid WEXM, WFF, Antodaya(BPL) certificate (If applicable)

Yes/No.....Date.....

15. Copy of HP Bonafide Certificate. (If applicable)

Yes/ NO.Date.....

16. Copy of Character Certification from Executive Magistrate

Yes/ NO.Date.....

16. List of Documents attached

17. DECLARATION

1. I..... have/had ever been debarred or disqualified by any Recruitment Board/ Public Service Commission from any of the Examination Selection?

Yes/ NO.....Date

2. I..... have/ had ever been convicted by any court for any offence?..Yes/ No.....Date.....

3. I..... have/had ever been offered the appointment as Pharmacy Officer by the Department earlier.

Yes/ NO. (If Yes) Office Order No.Date.....Joined/ Not Joined.

4. I.....solemnly affirm and declare that all the details given by me are true and correct and nothing has been concealed therein. All the documents submitted by me are correct and obtained from the competent authority or Education Qualification passed from recognized Educational Institution/ Board/University. If any discrepancy is found in my application form or any information is found falls at any stage then I shall be liable for all consequential actions including cancellation of candidature.

Place: _____

Date: _____

Signature of Candidate

(For office use only)

19. Eligible / Not eligible

20. Remarks of Screening Committee (if any).....

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Member

Member

Member

Member

Member

Chairman