

NATIONAL HEALTH MISSION
DISTRICT HEALTH & F.W. SOCIETY[®], D.K, Mangaluru
NATIONAL VIRAL HEPATITIS CONTROL PROGRAMME

Application for the post of

Peer Supporter/Educator

I. Contact Information:

1. Full Name:
2. Address for Communication:

Recent PP

3. Contact Number:
4. E-mail Address (compulsory):

II. Personal Information:

1. Date of Birth (Attach Document):
2. Gender:

III. Educational Qualification:

1. _____ (Attach Marks Card of SSLC)
2. _____ (Attach Marks Card of PUC)
3. _____ (Attach Marks Card and relevant Document)

IV. Attach Computer course certificate:

V. Document for recovered from the Hepatitis B or C/Any family member with/recovered from the Hepatitis B or C

I hereby declare that the above mentioned information is correct to the best of my knowledge and belief.

Date:

Place:

Name & Signature of the applicant

*Last date for submission of application - 09.01.2025 before 3 pm.

For more information contact 0824-2424501