DISTRICT HEALTH AND FAMILY WELAFRE OFFICE, D.K,Mangaluru

Application for the post of

☐ Nursing Officer

I. Contact Information:

Recent PP

1. Full Name:
2. Address for Communication:

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

II. Personal Information:

1. Date of Birth :
   (Attach Document)
2. Gender:
3. Religion:
4. Caste category (Attach Document) :
5. Kannada Medium Candidate : Yes ☐ No ☐
   (If Yes, Attach Document)
6. Rural Candidate : Yes ☐ No ☐
   (If Yes, Attach Document)
7. Physically Handicap : Yes ☐ No ☐
   (If Yes, Attach Document)

III. Educational Qualification:

1. _____ *(Attach Marks Card and relevant Document)*
2. _____ *(Attach Marks Card and relevant Document)*
3. _____ *(Attach Marks Card and relevant Document)*

IV. Attach Registration Certificates: (KNC)

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

Date:
Place: Name & Signature of Applicants

*Last date for submission of application- 04/08/2026 Before 4-30pm.
For more information contact 0824-2423672