

**NATIONAL HEALTH MISSION  
DISTRICT HEALTH & F.W. SOCIETY ®, D.K, Mangaluru**

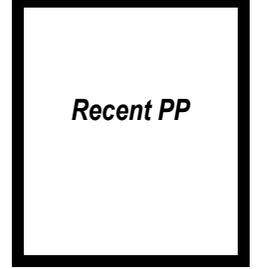
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*Application for the post of*

Counsellor for DR TB Centre

**I. Contact Information:**

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)*
4. Basic computer course certificate from Government recognised computer education centre: Yes  No   
(If YES, *attach documents*)

**IV. Attach Experience Certificates: (As per notification)**

**V. Attach Degree Certificates: (As per notification)**

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

Date:

Place:

**Name & Signature of Applicant**

\*Last date for submission of application - 06/02/2026 before 3-00 pm.

For more information contact: 0824-2426220