

State Health Agency, Punjab

APPLICATION FORM

1	Post Name	:	
2	Name of Candidate	:	
3	Father's/Husband's Name	:	
4	Date of birth	:	
5	Age as on 17.07.2025		
6	Gender	:	
7	Address	:	
8	Personal Email ID	:	
9	Mobile No.	:	

Affix recent passport size photograph

Essential Qualification:-

Education & other qualifications	Year of Passing	University/ Board	Maximum Marks	Marks obtained	To be verified (Office Use only)
Matric					
10+2					
Graduation					
Post-Graduation					
Any Professional Qualification					

Experience: -

SN	Name of Employer/Organization	Designation	From	To	To be verified (Office Use only)

- Whether passed Punjabi in Class 10<sup>th</sup> or equivalent (Yes or No): -
- Any legal and/or criminal case is pending against you before any court/investigating agencies (Yes/No): -  
If yes provide details: -
- Ever found guilty/convicted of any legal offense and/or crime by any court of law in the past (Yes/No): -  
If yes provide details: -

DECLARATION:

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that any information given in this application is false/incorrect or that I do not satisfy the eligibility criteria according to the Board, my candidature /appointment is liable to be cancelled/terminated. I have read and understood the stipulations given in the advertisement and hereby undertake to abide by them.

Date:

Signature of Candidate

Note: Application form along with self-attested copies of documents has to submit via e-mail @ hr.sha.sasn@punjab.gov.in or by Hand at SHA Office.