

Application Forms

A) Application Form for shortlisting nominations for the **Post of Chairperson** for '**State Allied and Healthcare Council**' to be constituted under National Commission for Allied and Healthcare Profession (NCAHP).

General Information:

Name:

Age:

Gender:

Permanent Address:

Current Address:

Educational Qualification

Sr. No.	Education	Date of Passing	Name of College / Institute	Name of University
1.	Degree			
2.	Specialization			
3.	Super-Specialization (if any)			
4.	Any additional Degree / Qualification			

Experience Details:

Name of Institute currently working at:

Current Post with date of joining:

Sr. No.	Experience	From	Till	Total Duration
1.	Teaching			
2.	Training			
3.	Administrative			
4.	Any other			

Any past Experiences:

Following Documents to be scanned and submitted along with attested photocopy:

Sr. No.	Document	Yes /No
1	Nationality Certificate	
2	Age / Date of Birth Proof (Birth Certificate / 10 th Passing Certificate)	
3	Address Proof (Any one of Aadhar Card / Passport / Telephone Bill / Electricity Bill)	
4	Degree Certificates	
5	Registration Certificates (If applicable)	
6	Experience Certificate	
7	NOC from the State Govt.	

B) Application Form for shortlisting nominations for the **Post of Member (Pertaining to two persons representing each of the recognised categories specified in the Schedule* to be nominated by the State Government having such qualifications and experience as may be prescribed by the State Government)** for **'State Allied and Healthcare Council'** to be constituted under National Commission for Allied and Healthcare Profession (NCAHP).

General Information:

Name:

Age:

Gender:

Permanent Address:

Current Address:

Educational Qualification

Sr. No.	Education	Date of Passing	Name of College / Institute	Name of University
1.	Degree			
2.	Specialization			
3.	Super-Specialization (if any)			
4.	Any additional Degree / Qualification			

Experience Details:

Name of Institute currently working at:

Current Post with date of joining:

Sr. No.	Experience	From	Till	Total Duration
1.	Teaching			
2.	Training			
3.	Administrative			
4.	Any other			

Any past Experiences:

Following Documents to be scanned and submitted along with attested photocopy:

Sr. No.	Document	Yes /No
1	Nationality Certificate	
2	Age / Date of Birth Proof (Birth Certificate / 10 th Passing Certificate)	
3	Address Proof (Any one of Aadhar Card / Passport / Telephone Bill / Electricity Bill)	
4	Degree Certificates	
5	Registration Certificates (If applicable)	
6	Experience Certificate	
7	NOC from the State Govt.	

* Please refer to the Schedule of The National Commission for Allied and Healthcare Professions Act, 2021 at:

<https://thc.nic.in/Central%20Governmental%20Acts/National%20Commission%20for%20Allied%20and%20Healthcare%20Professions%20Act,2021.pdf>

C) Application Form for shortlisting nominations for the **Post of Member (Pertaining to two persons, representing charitable institutions engaged in education or services in connection with any recognised category, to be nominated by the State Government having such qualifications and experience as may be prescribed by the State Government)** for **'State Allied and Healthcare Council'** to be constituted under National Commission for Allied and Healthcare Profession (NCAHP).

General Information:

Name:

Age:

Gender

Permanent Address:

Current Address:

Educational Qualification

Sr. No.	Education	Date of Passing	Name of College / Institute	Name of University
1.	Degree			
2.	Specialization			
3.	Super-Specialization (if any)			
4.	Any additional Degree / Qualification			

Experience Details:

Name of Charitable Institution currently working at:

Current Post with date of joining:

Sr. No.	Experience	From	Till	Total Duration
1.	Teaching			
2.	Training			
3.	Administrative			
4.	Any other			

Any past Experiences:

Following Documents to be scanned and submitted along with attested photocopy:

Sr. No.	Document	Yes /No
1	Nationality Certificate	
2	Age / Date of Birth Proof (Birth Certificate / 10 th Passing Certificate)	
3	Address Proof (Any one of Aadhar Card / Passport / Telephone Bill / Electricity Bill)	
4	Degree Certificates	
5	Registration Certificates (If applicable)	
6	Experience Certificate	
7	NOC from the Institute	