

[Registration Print](#)

Registration Form

Application ID : 440950
Post/Category Name : Community Health Assistant-Urban
Applicant Name : Mrs. RIYA KOLEY
Date Of Birth(dd/mm/yyyy): 21/02/2002
Sex: Female
Father's/Husbands' Name: SUJIT KOLEY
Caste: General
PwD Certificate Issued: No
Is currently working under NHM: No



Present Address:

House No: **Street:**
Village/Town: Jamirasuli **Block/Municipality/Munc.Corp.:** Belpahari
Post Office: Silda **PIN Code:** 721515
Police Station: Binpur
State: West Bengal **District:** Jhargram

Permanent Address:

House No: **Street:**
Village/Town: Jamirasuli **Block/Municipality/Munc.Corp.:** Belpahari
Post Office: Silda **PIN Code:** 721515
Police Station: Binpur
State: West Bengal **District:** Jhargram
Mail ID: koley915@gmail.com **Mobile No:** 8509234827
Whether Citizen of India: Yes

Payment Mode ONLINE

Educational Qualification						
Exam Passed	Board/University	Full Marks	Marks Obtained	Percentage of Marks	Specialist in	Year of Passing
GNM/B.Sc	KARNATAKA	1600	1065.00	66.56	OT	2022
Extra Qualification						
Exam Passed	Board/University	Full Marks	Marks Obtained	Percentage of Marks	Year of Passing	Subject
N.A.	N.A.	0	0.00	0.00	0	
Working Experience: 581 Days						

Designation	Employer	Organization	Date of Joining	Date of Leaving	Experience (In Months)	Experience (In Days)
OT STAFF	SRIRAM NURSHING HOME	Pvt.	17/11/2022	19/06/2024	19 Month 3 Days	581

DECLARATION

I declare that the information furnished above are based on material records are true to the best of my knowledge and belief.I also understand that if any information furnished is found to be materially incorrect or incomplete, I will be liable for the consequent action.

Signature of the Applicant