



GOVERNMENT OF INDIA
Ministry of Health & Family Welfare

NATIONAL INSTITUTE OF PUBLIC HEALTH TRAINING & RESEARCH

MUMBAI CAMPUS: 332, S.V.P. Road, Girgaon, Khetwadi, Mumbai – 400 004.
TEL.: 2388 1724 / 2389 3165 **FAX NO.** (91) 22 – 2386 2736 **Email:** director.fwtrc@nic.in
NAVI MUMBAI CAMPUS: Plot No. 6 & 6 A, Sector 18, New Panvel (E) – 410 218.
Website: www.fwtrc.gov.in

APPLICATION FORM FOR SANITARY HEALTH INSPECTOR COURSE

1. Name in Full:
(In Block Letters)

2. Sex:

3. Age (as on 31st March 2025):

4. Marital Status:

5. a. Present Address (to which communication to be sent):

b. Permanent Address (If different from above):

c. Mobile No.: _____ Phone No. (Residence): _____

d. Email (Compulsory): _____

6. Date & Place of Birth:

Date of Birth

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Place: _____

7. Do you belong to Scheduled Caste / Scheduled Tribe / OBC/ EWS:

YES

NO

If Yes, (Please tick the appropriate box?)

Scheduled Caste

Scheduled Tribe

OBC

E W S

(Please attach Valid Caste Certificate & OBC Non-Creamy Layer Certificate from the District Authority, EWS Certificate from competent authority otherwise application will be treated as general category.)

8. Academic record: Give particulars of all examinations and degrees obtained:

Exam / Degree	Board / Institution / University	Medium of Examination	Year of Passing	Division / Class with % of marks	Subject (s) Offered

DECLARATION BY THE APPLICANT

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief.

Place & Date:

SIGNATURE OF THE APPLICANT

ENCLOSURES TO BE ATTACHED ALONG WITH APPLICATION FORM:

1. SSC and HSC certificate (attested copy)
2. Graduation certificate if any (attested copy)
3. Age proof (attested copy)
4. Caste certificate along with validity certificate (attested copy)
5. Non creamy layer certificate for OBC candidates (attested copy)
6. EWS Certificate from competent authority
7. Medical fitness certificate from the District Civil Surgeon or equivalent Competent Medical Authority.

Applications should be sent by registered post to the Director, National Institute of Public Health Training and Research, 332, S. V. P. Road, Girgaon, Khetwadi, Mumbai - 400 004 on or before **31st March 2025**.