

Proforma A (GP Wise)

Date of Advertisement:

Name of District:

Name of Block:

Name of GP:

No. of Positions:

No. of ASHAs Already Approved:

No. of ASHAs Selected (Fresh Selection):

Name of Sub Centre	Gram Sansad	Details of Panel Wise Candidates								
		Position in Panel	Name of Candidate	Name of Husband / Father	Date of Birth (DD/MM/YY)	Caste (Gen./SC/ST/OBC)	Highest Educational Qualification	Permanent Resident of Gram Sansad (Yes/No)	Selected (Yes/No)	Remarks
< Name of Sub Centre >	<Name of Gram Sansad I>	1								
		2								
		...								
		n								
	<Name of Gram Sansad II>	1								
		2								
		...								
		n								
	< Name of Gram Sansad III >	1								
		2								
		...								
		n								

Signature of Sabhapati
with Date and Official Stamp

Signature of Block Development Officer (BDO)
with Date and Official Stamp

Signature of Block Medical Officer of Health (BMOH)
with Date and Official Stamp