



# C. U. SHAH MEDICAL COLLEGE HOSPITAL

Dudhrej Road, Surendranagar, Gujarat 363001

**02752287000,1,2,3,4**

## EMPLOYMENT APPLICATION FORM

Applied For The Post		PHOTO
<b>H.R.D. PERSONAL INFORMATION</b>		
Full Name (Capital Letter)	First Name Middle Sur Name	
Father's/ husband's name		
Date of Birth		
Gender ( Male/Female)		
Marital Status (Single/ Married/ Divorced/ Widow(er))		
Contact No: (Mobile)		
E Mail Address		
Aadhar No.		
PAN No.		
Citizenship		
Religion	ST SC OBC GEN.	
Present Address		
Permanent Address		
Language known		
References: (Name, Designation, Institution, Address, and Contact No.)		

**Education qualification (Technical/ Professional)**

Certificate/ Diploma/Degree	Board/institution/university	Year of passing	Grade/Div./%	Subject (Group)
10 <sup>th</sup>				
12 <sup>th</sup>				
Diploma				
Degree				

Please list any additional skill, qualifications, certificates or training that you feel is relevant to this position:

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**Registration & Membership of any professional organization:**

Registration/ Membership Body	Course name	Registration State Name	Registration/ Membership no.	Date of issue	Expiry date
Gujarat Nursing Council (GNC)		Gujarat			

Experience (start with last employment)

Total Experience \_\_\_\_\_ years \_\_\_\_\_ months

From Date	To Date	Designation	Main Responsibilities	Reason for leaving

Please list out if you have any special experience in a specific area. e.g. ICU, OT, Dialysis, ward, OPD, Camp, Emergency, cath -Lab, IVF etc.

Kindly fill the following:

Any major illness/operation/Accident/Handicap \_\_\_\_\_

\_\_\_\_\_

Minimum salary expected \_\_\_\_\_

Minimum time required for joining \_\_\_\_\_

Have you been convicted/under trial in a court of law? \_\_\_\_\_

\_\_\_\_\_

Do you have any objection to our making inquiries from your past employers and present employers \_\_\_\_\_

\_\_\_\_\_

### DECLARATION

I hereby certify that the statements made by me in answer to the forgoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made in the personal information from or any other document requested by the hospital authorities renders me liable for termination or dismissal.

Date:

Place:

Sign: \_\_\_\_\_

Full Name: \_\_\_\_\_

**Attachments (Self attested Photocopy of following Documents-one set)**

1. 10<sup>th</sup> Marks card
2. 12<sup>th</sup> Marks card
3. School leaving
4. Diploma/Degree- Marks cards
5. Diploma/Degree-Certificate
6. Registration Certificate
7. Adhar card
8. PAN card
9. Experience Letter/ certificate (if any)
10. Photograph (2)