



C. U. SHAH MEDICAL COLLEGE HOSPITAL

Dudhrej Road, Surendranagar, Gujarat 363001

02752287000,1,2,3,4

EMPLOYMENT APPLICATION FORM

Applied For The Post		PHOTO
H.R.D. PERSONAL INFORMATION		
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 th				
12 th				
Diploma				
Degree				

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

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. 10th Marks card
2. 12th 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)