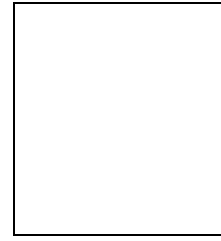


KASTURBA HOSPITAL, SEVAGRAM

APPLICATION FORM
(FILL IN OWN HANDWRITING)



Name of the Post :-

Full Name :-

Father's / Husband's Name :-

Age as on 11/01/2020 :-

Date of Birth :-

Gender :-

Category :- SC/ST/VJ/NT/OBC/SEBC/EWS/Open

Apply Category :-

Physically Handicapped :-

Mobile No. :-

Marital Status :-

Permanent Address :-

Present Address :-

Educational Qualification :-

Qualification	Year of Passing	Specialization or Subject	School/College/University / Institute	Total Marks %
SSC				
HSC				
GNM				
B.Sc				
other				

Employment Exchange Registration Number :-

GNM Maharashtra Registration Number :-

Work Experience

(Attach certified copy in support) Last Salary Drawn :

No of Year (Give month & Year)		Organization	Designation	Job responsibilities	Last withdrawn Salary
From	To				

Total Experience in years :-
(Attach copy of certificates, if any in support)
Any other relevant information :-

Declaration

I Mr./Ms. _____ do hereby declare that above given information in the application form is correct and true to the best of my knowledge and belief and I understand that in case any of the information is found untrue, my candidature will be invalid.

Date :

Place :

Signature

Check List :

1. Certified copy for proof of age (SSC Board Certificate/School Leaving)
2. Photograph (Passport Size)
3. Certified copy of Educational Qualification (attach certified copies of mark sheets in support of Educational Qualifications)
4. Certified Copy of Caste Certificate and Validity wherever necessary
5. Copies of the experience certificate , if any
6. Copy of Certificate in support of physically handicapped. if any
7. Copy of latest pay – slip. if any
8. Copy of the valid driving license (for the post of Driver)
9. Copy of the Employment Exchange Registration (Mandatory)
10. Working knowledge of computer data feeding since carries weightage, certificate in support .