

KASTURBA HEALTH SOCIETY'S
KASTURBA HOSPITAL, SEWAGRAM
P.O. SEWAGRAM : WARDHA

Application Form for the Post of Principal/Tutor

1) Name:

Apply for the post of:

2) Sex:

Male/Female

3) Marital Statues

Married/Unmarried

4) Name Change

Yes/No (If yes – Please attached Marriage Certificate/Gazette Copy)

5) Correspondence Address:

6) Cast Category (attach copy):

7) Apply Cast Category:

8) Employment Exchange Reg.No.

9) Date of Birth:

_____ Age _____ (as on dated 30/09/2023)

10) Mob. No:

11) Email ID:

10) Qualification:

Qualification & Additional Qualification in concerned subject	University	Year	Percentage	Copy attached Yes, or No

11) Experience:

Designation	Name of Institution	From DD/MM/Y Y	To DD/MM/Y Y	Total Experience in years & months	Certificate attached Yes, or No
Total Experience in Years & Months					

Computer course (attach copy):

Any Others Courses (attach copy)

Date: _____

Signature of Applicant

Checklist for Documents to be attached by the Candidate

Name of the Candidate : _____

For the post of : _____

Sr. No	List of Documents	Document attached please tick Yes or No
1	SSC Board Certificate	
2	HSC Board Certificate	
3	Degree (Graduations)	
4	Degree (post graduations)	
5	Any Diploma	
6	Any other qualifications	
7	Computer Course certificates	
8	Typing certificates	
9	Employment Exchange Reg. No.	
10	Proof of Date of Birth	
11	Caste Certificate & Validity	
12	Address proof	
13	Experience Certificates	
14	Govt. Gazette copy/Marriage certificate for Name change	
15	Any others	

Signature of Candidates