

KASTURBA HEALTH SOCIETY'S  
MAHATMA GANGHI INSTITUTE OF MEDICAL SCIENCES &  
KASTURBA HOSPITAL, SEVAGRAM DIST WARDHA

**Application Form**

1) Name: \_\_\_\_\_

**Apply for the post of:** \_\_\_\_\_

2) Sex: Male/Female

3) Marital Statuses Married/Unmarried

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

5) Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Own Cast Category (attach copy): \_\_\_\_\_

7) Apply Cast Category: \_\_\_\_\_

8) Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ (as on dated \_\_\_\_\_)

9) Mob. No: \_\_\_\_\_

110 Email ID: \_\_\_\_\_

**11) Qualification:**

Qualification & Additional Qualification in concerned subject	University	Year	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 : \_\_\_\_\_

Applied for the post of : \_\_\_\_\_

Sr. No	List of Documents	Document attached please tick <b>Yes or No</b>
1	SSC Board Certificate	
2	HSC Board Certificate	
3	Degree (Graduations)	
4	Degree (post graduations)	
5	UG & PG Registration	
6	Any Diploma	
7	Any other qualifications	
8	Computer Course certificates	
9	Typing certificates	
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 Applicant**