

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

Application Form

1) Name:

Apply for the post of:

2) Sex: Male/Female

3) Marital Status Married/Unmarried

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

5) Correspondence Address:

6) 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 Other 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 Yes or No
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