



Application Form for Employment

Indira Gandhi Memorial Hospital

Instruction:

1. Please read through the form carefully before proceeding to complete the form.
2. Please give all required information. If space provided on form is insufficient, please furnish in a separate sheet of paper. The information provided will be treated confidential.
3. If after being employed it is found that you have made a false declaration on this form, the organization reserves the right to terminate your services

Position Applied for:

A) Personal details

<u>Name:</u>	<u>Gender:</u> Male <input type="checkbox"/>	Female <input type="checkbox"/>
<u>Date of birth:</u> Day Month Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Current address:</u>	
<u>Passport number:</u>	<u>Nationality :</u>	
<u>Permanent address:</u>	<u>Skype ID :</u>	
<u>Contact number:</u>	<u>Email address:</u>	

B) Contact person in case of emergency

<u>Name :</u>	<u>Contact number :</u>
<u>Address:</u>	<u>Relationship :</u>

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C) Education

<u>Professional Qualification</u>	<u>Institute</u>	<u>Country</u>	<u>Graduate Year & Duration</u>

D) Internship

<u>No</u>	<u>Duration</u>		<u>Name of the Institution</u>
	<u>From</u>	<u>To</u>	

E) Registration

<u>No</u>	<u>Course name</u>	<u>Name of the council</u>	<u>Registration date</u>	<u>Registration no</u>

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F) Employment history

	<u>POSITION</u>	<u>ORGANIZATION NAME</u>	<u>PERIOD</u>		<u>DURATIONS</u>
			<u>FROM:</u>	<u>TO:</u>	
1					
2					
3					
4					
5					
6					
7					
8					
Total Experience :					
As per the document eligible post and grade is:					

G) Reference

<u>NAME</u>	<u>ORGANIZATION NAME</u>	<u>POST</u>	<u>CONTACT</u>

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H) Documents to be submitted (Please tick in the box which are submitted)

1) Qualification certificate	<input type="checkbox"/>
2) Specialization certificate	<input type="checkbox"/>
3) Transcript & Mark sheets for both qualification & specialization certificate	<input type="checkbox"/>
4) Internship certificate	<input type="checkbox"/>
5) Basic registration certificate	<input type="checkbox"/>
6) Specialist registration certificate	<input type="checkbox"/>
7) Good standing certificate (which 3 Months gap shouldn't be there from issue date to till now)	<input type="checkbox"/>
8) Experience letters	<input type="checkbox"/>
9) IELTS or secondary examination result & high secondary result	<input type="checkbox"/>
10) Curriculum vitae (CV)	<input type="checkbox"/>
11) Passport copy (Minimum 12 months' validity)	<input type="checkbox"/>
12) Colored scan passport size photo (not less than 200 DPI)	<input type="checkbox"/>
13) Filled Pre-registration form (Attached with the mail)	<input type="checkbox"/>

D. APPLICANT'S DECLARATION

I hereby declare that the information that i am submitting in this form is to the best of my knowledge and in every respect true and correct. If any information given herein is subsequently found to be incorrect, incomplete or untrue, I may be liable for dismissal.

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Applicant Signature

Date

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J) To be filled by IGMH

- Human Resources Department

Document submitted by:

<u>Mail System (Directly)</u>	<u>Agency</u>
Name:	<u>Agency name :</u>
Email Address:	<u>Agency representor name :</u>
Contact no:	<u>Contact no:</u>

<u>Received by:</u>	<u>Approved by:</u>
Name:	Name :
Date:	Designation :
Signature:	Date:
	Signature:

-To be filled by

Unit / Department

Parent Department

Please tick <input type="checkbox" value="√"/> in the box		Please tick <input type="checkbox" value="√"/> in the box	
Recommend <input type="checkbox"/>	Not Recommend <input type="checkbox"/>	Recommend <input type="checkbox"/>	Not Recommend <input type="checkbox"/>
Comment :		Comment :	
Name : Signature : Date :		Name : Signature : Date	