

**APPLICATION FORM FOR THE POSITION OF.....**

1. Full Name of the candidate(In Block Letters):
2. Father's/Husband's Name:
3. Mother's Name:
4. Gender:
5. Marital Status:
6. Nationality(attach a copy of evidence):
7. Permanent Postal Address (attach a copy of evidence):
8. Police Station:
9. Current Address:
10. Mobile No.:
11. Email ID:
12. Passport No. (If available)(Attach a copy): .....
13. Date of Birth (attach a copy of evidence)(dd/mm/yyyy):
14. Age(As on 1<sup>st</sup> January'2022):\_\_\_Years\_\_\_\_month(s)
15. Current Designation(if employed):
16. Current Employer's Full Address with email and phone number:
17. Educational Qualification(attach copies of certificates):



| Sl. | Examination         | Subject | Year of Passing | Name of College | Name Board/Unive<br>rsity | Class/Percenta<br>ge of marks<br>obtained |
|-----|---------------------|---------|-----------------|-----------------|---------------------------|---|
| 1.  | Graduation          |         |                 |                 |                           |   |
| 2.  | Post-<br>graduation |         |                 |                 |                           |   |
| 3.  | Others (if<br>any)  |         |                 |                 |                           |   |

18. Training details relevant to the position applied(attach copies of certificates):

| Sl. | Title of the Training<br>program | Duration of<br>Training | Training organized by |
|-----|----------------------------------|-------------------------|-----------------------|
| 1.  |                                  |                         |                       |
| 2.  |                                  |                         |                       |
| 3.  |                                  |                         |                       |

19. Total Professional Experience:\_\_\_\_\_Years\_\_\_\_month

20. Details of Professional Experience(Starting from latest\*\*)(attach copies of experience certificates):

| Sl. | Designation | Organization | From(mm/yyyy) | To(mm/yy) | Summary of Services provided |
|-----|-------------|--------------|---------------|-----------|------------------------------|
|     |             |              |               |           |                              |
|     |             |              |               |           |                              |
|     |             |              |               |           |                              |
|     |             |              |               |           |                              |
|     |             |              |               |           |                              |
|     |             |              |               |           |                              |
|     |             |              |               |           |                              |
|     |             |              |               |           |                              |

\*\*Attach latest salary certificate.

21. Write a brief note describing why would like to be associated with us:(Maximum 250 words)

22. Language proficiency:(please tickv)

| Sl. | Language | Read | Write | Speak |
|-----|----------|------|-------|-------|
|     |          |      |       |       |
|     |          |      |       |       |
|     |          |      |       |       |
|     |          |      |       |       |

23. Computer proficiency:

| Sl. | Program/Software/Applications | Excellent | Good | Average |
|-----|-------------------------------|-----------|------|---------|
|     |                               |           |      |         |
|     |                               |           |      |         |
|     |                               |           |      |         |
|     |                               |           |      |         |

24. Name and Address of two persons from whom we may seek reference about you:  
 (The two persons must not be related to you and must have interacted with you for more than 2 years in a Professional and/or academic capacity during the last 5years)

| Sl | Name of the person & designation(if any) | Address | Phone no | E-mail id |
|----|--|---------|----------|-----------|
| 1. |  |         |          |           |
| 2. |  |         |          |           |

25. Do you have any criminal or corruption charges against you?(If yes furnish details)

26. Have you ever been arrested, indicted or summoned into court as defendant in a criminal proceeding or convicted, fined or imprisoned for the violation of any law? (If yes furnish details)

27. **Have you ever been discharged or forced to resign from any position?** (If yes furnish details)

**IMPORTANT Notes:**

**Declaration:** I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief. Permission is hereby given to the Project Director, Assam Health Infrastructure Development & Management Society, Assam to make such investigations as are necessary on the information given above. I understand that any misrepresentation or fraudulence or material omission made herein or in any other document requested by Director would render dismissal and termination of my candidature/ service/contract apart from other penal action as per the law.

Date:

Signature of the Candidate

Place:

1. Candidates shall complete this application in not more than 10 pages **strictly** as per the above format, along with self-attested copies of testimonials/certificates (not more than 15 pages), evidencing that he/she is qualified to perform the services. ***The complete application along with certificates/testimonials shall not be more than 25 (twenty five) pages or else the application may not be considered.***
2. While self- attested copies of all the relevant certificates/testimonials needs to be submitted along with the application, Candidates are to note that **applications without self-attested copies of certificates/ testimonials relating to Educational Qualifications and Trainings shall be rejected.**