

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 1st January' 2024): __Years ____month(s)
15. **Current Designation** (if employed):
16. **Current Employer's Full Address with email and phone number:**
17. **Preference of place of posting** (Select the name of the Medical College where vacancy exist from the detailed advertisement) :



18. **Educational Qualification** (attach copies of certificates):

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

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

Sl.	Title of the Training program	Duration of Training	Training organized by
1.			
2.			
3.			

20. **Total Professional Experience:** _____Years ____month

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

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

****Attach latest salary certificate.**

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

23. Language proficiency:(please tick✓)

Sl.	Language	Read	Write	Speak

24. Computer proficiency:

Sl.	Program/Software/Applications	Excellent	Good	Average

25. 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.				

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

27. 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)

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

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:

IMPORTANT Notes:

- 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.**