

**KASTURBA HEALTH SOCIETY'S
MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES,
P.O. SEVAGRAM, WARDHA (MS)**

APPLICATION FORM

(Fill in own handwriting)

Paste attested
recent passport
size Photograph
with signature

Name of the Post : **ATTENDANT**

Full Name :

Father's / Husband's Name :

Age as on 31/3/2020 :

Date of Birth :

Gender :

Category : **SC/ST/VJ/NT/OBC/SEBC/EWS/Open**

Physically Handicapped : **Yes/No (if yes attach certificate)**

Telephone No. :

Mobile No. :

Land Line with STD code :

Marital Status :

Permanent Address :

Present Address :

Educational Qualification

Year of Passing	Qualification	Specialization or subjects	School/College/ University/Institute	Total Marks %

Work Experience
(Attach certified copy in support)

Last Salary Drawn :

No of years (Give month & year)		Organization	Designation	Job responsibilities	Reason for leaving	Net salary
From	to					

Total Experience in years :
(Attach copy of certificates, if any, in support)

Any other relevant information :

Declaration

I Mr./Ms. _____ do hereby declare that above given information in the application form is correct and true to the best of my knowledge and belief and I understand that in case any of the information is found untrue, my candidature will be invalid.

Date:

Place:

(Signature)

Check List:

1. Certified copy for proof of age (SSC Board Certificate/ School Leaving)
2. Photograph (Passport size)
3. Certified copy of Educational Qualification (attach true certified copies of mark sheets in support of Educational Qualifications)
4. Certified copy of Caste Certificate and validity wherever necessary
5. Copies of the experience certificate, if any
6. Copy of certificate in support of physically handicap, if any
7. Copy of latest pay-slip, if any
8. Copy of the Employment Exchange Registration (mandatory)