



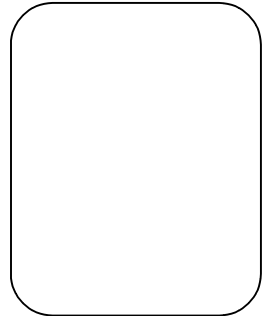
# K .D. MEDICAL COLLEGE

HOSPITAL & RESEARCH CENTER, MATHURA

24 KM Milestone, Mathura – Delhi Road, NH #2, P.O. Akbarpur, Chhata, Distt. Mathura- 281406

## **APPLICATION FORM** **( For Non-Teaching and Nursing Staff )**

1. Application for the post of : .....
2. Department : .....
3. Name of the Applicant : .....
4. Father's Name : .....
5. Mother's Name : .....
6. Date of Birth and Age : ...../...../.....
7. Gender : Male / Female
8. Present Address : .....  
.....  
..... Pin .....
9. Permanent Address : .....  
.....  
..... Pin .....
10. Contact Number : .....
11. Email ID : .....
12. Photo ID : Passport copy / PAN Card / Voter ID / Aadhar Card



### 13. Presently Working Details

Present Designation: \_\_\_\_\_

Department : \_\_\_\_\_

College : \_\_\_\_\_

City : \_\_\_\_\_

**14. Academic Qualifications :-**

Qualification	Name of the Institute	University	Year of Passing	* Registration No.	* Name of the Council
10 <sup>th</sup>					
12 <sup>th</sup>					
Graduation ( )					
Post -Graduation ( )					
Diploma ( )					
Any other ( )					

**\* For Nursing and Technician's**

**15. Details of Experiences**

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months

16. Time required to join if selected .....

17. Professional work efficiency / other relevant information :-

Date .....

(Applicant's Signature)

Place .....

## **Documents to be attached with Application**

<b><u>S.No</u></b>	<b><u>Documents</u></b>	<b><u>Submitted</u></b>	<b><u>Remark</u></b>
1	Recent Passport size photo of the Employee	Yes / No	
2	Photo ID proof issued by Govt. Authorities Passport / PAN Card / Voter ID / Aadhar Card	Yes / No	
3	Copy of Date of Birth Certificate	Yes / No	
4	Copies of Educational Qualifications	Yes / No	
5	Copy of Registration Certificate (Nursing & Technician)	Yes / No	
6	Copies of Experience Certificates	Yes / No	
7	Copy of Passport /Voter Card / Electricity Bill / Telephone Bill / Aadhar Card attached as a proof of residence.	Yes / No	
8	PAN Card	Yes / No	

**(Applicant's Signature)**

**For office Use**

Documents :- Complete / Incomplete
Any other deficiency : -
Remark

**H.R. Manager**

**For Selection Committee**

<ul style="list-style-type: none"><li>• Selected</li><li>• Not Selected</li><li>• Remark</li></ul>
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**Chairman  
Selection Committee**