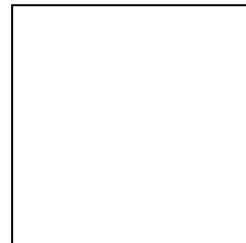


APPLICATION FORMAT



1. Name of the Post :
2. Name of the Candidate :
3. Date of Birth :
(Enclose copy of proof)
4. Age as on 1.6.2016 :
5. Nationality :
6. Qualification :
(Enclose copies of certificates)

Sr. No.	Qualification	Name of the Institute	Year of Passing	% of marks	Division 1 st Class/2 nd Class

Nurse : Indicate the Qualification of DGNM / B.Sc.(Nursing) & above
Pharmacist : Indicate the Qualification of D.Pharmacy & above

7. Experience:
(Enclose copies of certificates)

Sr. No.	Organization	Post held	Period		Total yrs.
			From	To	

Indicate the experience as Nurse/Pharmacist in a Major Port Hospital/Govt. Hospital/50 bedded Private Hospital of repute **only**.

8. Permanent Address :

9. Address for communication with
Email ID & Mobile number :

10. Any other point, applicant wish
to submit :

DECLARATION

I, _____ (name of the applicant)
hereby declare that, the information furnished above are true and
correct. In case, any information is found incorrect/false, I myself
render liable for disqualification for the post applied for, apart from
the necessary action as deemed fit.

Place:

Date:

Signature of the candidate