



# Vyas Medicity, Pali Road, Jodhpur

NH-62, Pali Road, Kudi Haud, Near Vyas Campus, Jodhpur

Toll Free: 18008891108, Ph No. (0291) 2959108, Email: hr@vyasmedicity.com website : www.vyasmedicity.com

Serial No. VMCH /

/

## APPLICATION FORM

Received on .....

(To be filled neatly in the candidate's own handwriting).

Post applied for..... Post Code :.....

1. Name : Mr/Mrs./Miss  
(In BLOCK Letters) .....

2. Date of Birth ..... Age.....

3. Nationality .....

4. Father's Name .....

5. Designation ..... Department.....

6. Marital Status **Married / Unmarried**

7. Complete Residential Address of the employee:

a) Present:

City ..... State ..... Pin Code .....

Mobile No: ..... Alternative No: .....

Email ID: .....

b) Permanent:

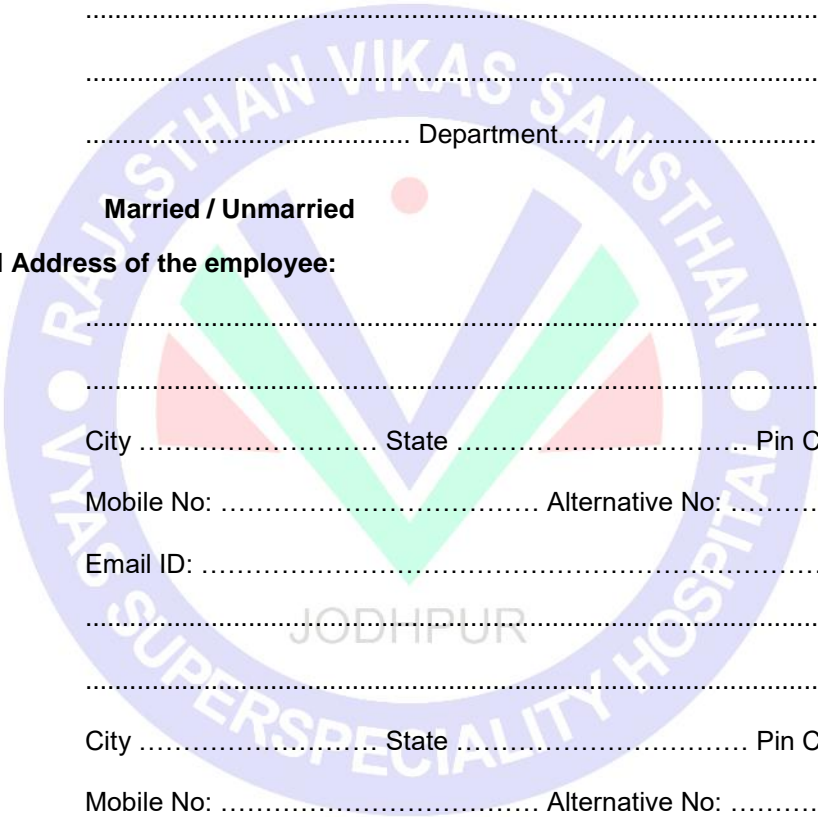
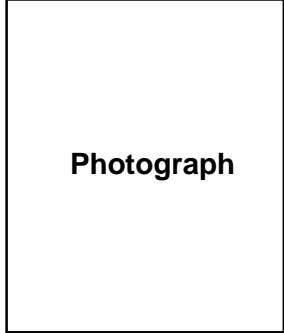
City ..... State ..... Pin Code .....

Mobile No: ..... Alternative No: .....

Email ID: .....

8. Academic Qualifications:

Examination	Year	Marks %	Division	Name of Institution / University	Subjects



**9. Details of experience of previous jobs:**

S. No.	Name of Organization	Department	Designation	Period	
				From	To

**10. Total Experience** ..... years ..... months

till date .....

**11. Date of relieving order from last employment** .....

Reason for leaving .....

Salary and allowances last drawn:

Salary Rs ..... pm. plus Allowance Rs ..... pm. Total Rs ..... pm.

Please enclose current / last payslip of salary withdrawn.

**12. Proficiency in languages (Write mother tongue at S.No. 1)**

S.No.	Language	Read	Write	Speak

**13. Blood Group** .....

**14. Do you suffer from any major ailments / medical problems? Yes / No**

If Yes, Give details

.....  
 .....

**15. Have you ever been convicted by any court of law or any disciplinary proceeding/enquiry is Pending against you or any penalty has been imposed upon you ? Yes / No.**

If Yes, Give details.

.....  
 .....  
 .....

16. Mention Technical qualification on Computer Literacy and related skills.

.....  
.....  
.....

17. Names and addresses of two references:

(a) Name .....

(b) Name .....

Address .....

Address .....

.....

.....

Tel. No. ....

Tel. No. ....

Relation.....

Relation.....

18 . Your Strengths .....

.....

19. Your Weakness .....

.....

20. Number of duly attested testimonials and certificates attached - .....

I, hereby certify that the information provided above is true to the best of my knowledge / belief.

If any information is found to be false/ incorrect, it will disqualify me for employment in vyas  
medicity.

Date : .....

\_\_\_\_\_  
Signature of the Candidate