



# Vyas Medicity, Pali Road, Jodhpur

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

Toll Free: 18008891108, Ph.: (0291) 2959108. (Email: [hr@vyasmedicity.com](mailto:hr@vyasmedicity.com), website: [www.vyasmedicity.com](http://www.vyasmedicity.com))

## Application Form (Nursing Staff & Paramedical Staff)

1. Name of Candidate: \_\_\_\_\_

2. Age & Date of birth: \_\_\_\_\_ (Years) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

3. Father Name: \_\_\_\_\_

4. Gender (Male / Female): \_\_\_\_\_ Blood Group: \_\_\_\_\_

5. Complete Residential Address of the employee:

a. Present: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Post Code \_\_\_\_\_

b. Permanent: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Post Code \_\_\_\_\_

6. Copy of Proof of Residence submitted and original verified: Yes / No

(Only copies of Passport/Aadhar card/Voter ID/Passport/Electricity bill/Landline Phone bill will be considered)

7. Contact details:

a. Residence telephone with STD code: \_\_\_\_\_

b. Mobile Phone Number: \_\_\_\_\_

c. Alternative Phone Number: \_\_\_\_\_

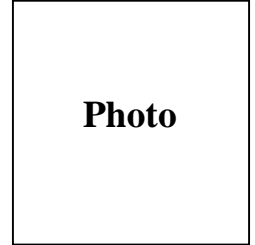
d. Email address: \_\_\_\_\_

8. PAN Card Number: \_\_\_\_\_ Aadhar card Number: \_\_\_\_\_

9. Marital Status: \_\_\_\_\_ Nationality: \_\_\_\_\_

10. Educational Qualifications:

Degree	Year	Name of College & University	Registration number with date of registration	Name of State council



11. Details of Corporate Hospital experience till date:

Designation*	Department	Institution	From	To	Total
			--/--/--	--/--/--	__(y)__(m)
			--/--/--	--/--/--	__(y)__(m)
			--/--/--	--/--/--	__(y)__(m)
			--/--/--	--/--/--	__(y)__(m)
			--/--/--	--/--/--	__(y)__(m)
			--/--/--	--/--/--	__(y)__(m)

12. Details of employment before joining the present/working institution:

- Name of Hospital/Institution: \_\_\_\_\_
- Designation: \_\_\_\_\_ Date on which relieved: \_\_\_\_\_
- Reason for being relieved: Tendered resignation / Retired / Transferred / Terminated
- Relieving order issued by previous institution verified and attached: Yes / No
- Notice Period: \_\_\_\_\_ (month)
- HR Name with Mob. No. : \_\_\_\_\_
- Email ID (for verification): \_\_\_\_\_
- Salary Rs \_\_\_\_\_ pm. plus allowance Rs. \_\_\_\_\_ pm. total Rs. \_\_\_\_\_ pm.

Please enclose current / last pay slip of salary withdrawn.

13. Total Experience \_\_\_\_\_ Years \_\_\_\_\_ Months Till Date \_\_\_\_\_

14. Interview Date: \_\_\_\_\_ Date of joining in this institution: \_\_\_\_\_

15. Present Designation: \_\_\_\_\_ Department: \_\_\_\_\_

16. Appointment (i) Regular/Contractual/Ad-hoc basis

(ii) Full time /Part time

17. Campus Allotment Addresses: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_ Landline \_\_\_\_\_

18. Salary Rs \_\_\_\_\_ pm. plus allowance Rs. \_\_\_\_\_ pm. total Rs. \_\_\_\_\_ pm

19. Name and Addresses of Two References:

(a) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mob. Number: \_\_\_\_\_

Relation: \_\_\_\_\_

(b) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mob. Number: \_\_\_\_\_

Relation: \_\_\_\_\_

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

If Yes, Give details:

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21. 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:

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22. Your Strengths:

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23. Your Weakness:

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24. Your Hobbies:

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

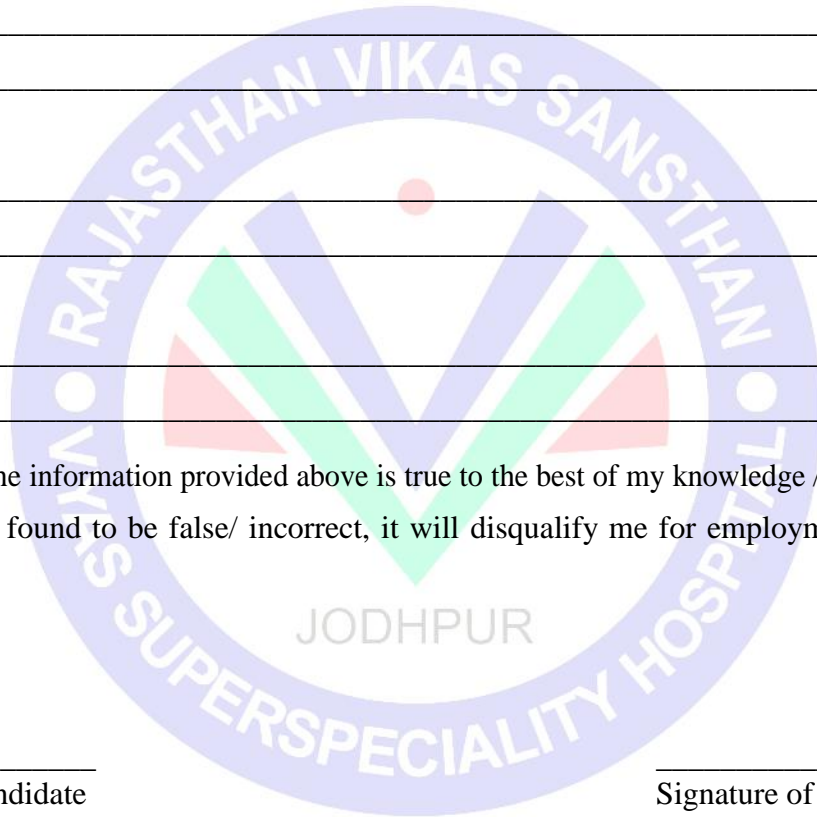
If any information is found to be false/ incorrect, it will disqualify me for employment in Vyas Medicity.

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

Date:

\_\_\_\_\_  
Signature of HR Department.

Date:



## CHECKLIST

S No	Documents	Submitted
1.	Recent Passport size photo of Employee	Yes / No
2.	Photo ID proof (Govt. Authority issued): Passport/PAN Card/Voter ID/Aadhar Card	Yes / No
3.	Certified copy of Appointment order of the present Institute/Hospital.	Yes / No
4.	Proof of Residence: Passport/Voter Card/Electricity/Landline phone bill/ Aadhar Card	Yes / No
5.	Joining report at the present institute/Hospital.	Yes / No
6.	Copies of UG, PG, PhD degrees (as applicable).	Yes / No
7.	Copies of UG, PG, PhD degree Registration Certificates (as applicable).	Yes / No
8.	Copy of experience certificates of all appointments before joining present post.	Yes / No
9.	Relieving order from the previous institution/posting.	Yes / No
10.	Copy of PAN Card	Yes / No
11.	Form 16A (downloaded from TRACES) for FY 202_-2_ (Assessment Year 202_-2_)	Yes / No
12.	Copy of Aadhar Card	Yes / No

\_\_\_\_\_  
Signature of Candidate  
Date:

\_\_\_\_\_  
Signature of HR Department.  
Date:

