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CHRISTIAN MEDICAL COLLEGE & HOSPITAL
OFFICE OF THE GENERAL SUPERINTENDENT
VELLORE-632 004. TAMILNADU, SOUTH INDIA

“GENERAL APPLICATION FORM”

(To be filled in by candidate's Own Handwriting)

1. FULL NAME :
(In BLOCK letters)

2. Present/ Address for :
Communication
(All Correspondences will be
sent to this address)

Pin Code

3. Permanent Address :

Pin Code

4. a) Phone / Mobile No. :

b) E – Mail ID :

5. a) Age and Date of birth : _____ Years

b) Place of birth : _____

6. Sex : **Male / Female** (Strike off which is not relevant)

7. Nationality :

8. a) Religion :

b) If Christian :
Church Affiliation

9. Mother Tongue :

10. Languages which you can speak :

Languages which you can read :

Languages which you can write :

11. a) Name of Father / Guardian : _____

b) Address and Occupation :

12. (a) Is any staff member / or student of C.M.C. past or present related to you? Yes / No
 If so give details (**Please note FRIEND is not a Relative**)

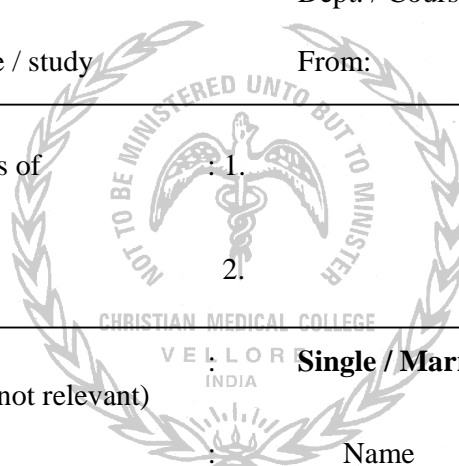
(b) Name: _____ Relationship: _____

Designation: _____ Dept. / Course of study: _____

Period of service / study From: _____ To: _____

13. Your personal marks of Identification : 1. _____

2. _____



14. Marital Status **Single / Married / Widow (er)**
 (Strike off which is not relevant)

Dependents	:	Name	Age	Relation (H,W,S,D)
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- a) If you are married **Spouse** and **Children** who are unemployed, unmarried and less than 25 years (only 3 dependents permitted) (**H** – Husband, **W** – Wife, **S** – Son, **D** – Daughter)
1. _____
2. _____
3. _____
4. _____

b) If you are unmarried no dependents are allowed till confirmation.

15. **In case of emergency, person to whom intimation should be sent (Name Address and Contact No.)** :

Relationship: _____

Phone/Mobile No. _____

16.

Height	Weight	Vision	Hearing

17. Were you suffering from any serious disease in the past. **Yes / No**
If yes, Please give details

18. Did you undergo any surgery in the past. If yes, give details **Yes / No**

19. Are you suffering from any serious disease or illness. If yes give details **Yes / No**

20. Whether you are a member of Employees Provident Fund Scheme **Yes / No**
If Yes please give your EPF Code Number.

21. Have you ever been convicted by a criminal court? **Yes / No**
If yes please give details.

22. Give details here of your literary, cultural, artistic games, sports etc., ability and achievements (if any):

23. Please fill up the below and enclose photo copies of Certificates: **(Must fill Column 3 & 4)**

GENERAL EDUCATIONAL QUALIFICATION				
Sl. No.	Examinations, Diplomas, Degrees Passed or Obtained.	Name & Address of School or College, University / Institution etc.	Date of passing (Month & Year)	Class or Division
1.	S. S. L. C			
2.	H. S. C / +2			
3.	BACHELOR OF _____ Regular/ Dist. Education (Strike off which is not relevant)			
4.	MASTER OF _____ Regular/ Dist. Education (Strike off which is not relevant)			
5.	DIPLOMA			
6.	P. G DIPLOMA			

24. Details about **Computer courses, Type Writing and other Technical or Professional Courses:**

TECHNICAL OR PROFESSIONAL QUALIFICATIONS				
Sl. No.	Certificates, Diplomas, Degrees Passed or Obtained	Name & Address of School or College, University / Institution etc.	Date of passing (Month & Year)	Class or Division
1.				
2.				
3.				
4.				
5.				

25.

EMPLOYMENT DETAILS (PRESENT EMPLOYMENT AT THE TOP)						
Sl. No.	Name of the Company / Institution	Post Held	Employment Period (Month / Year)		Total Salary per month with break up	Reasons for leaving / other remarks
			From	To		
1.						
2.						
3.						
4.						

26. Have you ever been discharged /dismissed / removed / terminated from service. Details of departmental disciplinary action or Punishment for any misconduct in previous jobs. (If yes, please give details)

Yes / No

27. If selected probable date of joining :

28. Give name of **Three references** who are not related to you. Preferably one from your Previous Employer, one from the Institution where you last attended and one from a General Person. When submitting your application form kindly attach the reference letter from your referee OR mention their Contact Details below.

Sl. No.	Name & Designation	Address
1.		Phone/Mobile: E-Mail:
2		Phone/Mobile: E-Mail:
3		Phone/Mobile: E-Mail:

29. Do you agree to abide by the rules and regulations of the Institution which are in force now and also which are to be introduced from time to time? **Yes/No**

I certify that, all the information provided by me herein is correct and complete to the best of my knowledge and belief and nothing has been concealed. I am not aware of any information or circumstances which might impair my fitness for training/employment in Christian Medical College and Hospital. If at any time I am found to have concealed any material information or given any information which is not true, my training/appointment in the Christian Medical College & Hospital shall be liable for summary termination without notice or compensation.

I agree that, if I am selected for training/appointed I shall abide by the rules and regulations of the Institution and hereby undertake that I will be subject to the Constitution and Bye-laws, Council actions, administrative rules and standing orders of the institution as also the terms and conditions of service as they exist at the time of training/appointment and as they may be modified from time to time by the authorities, I further agree to take up casual, temporary / permanent duty in the discharge of the institution's assignments anywhere if and when required.

Date:

Signature of the Applicant

Please send completed forms to: **The Personnel Manager,
Christian Medical College,
Vellore – 632 004.**

Please ensure that the following documents are enclosed.

Please tick the Enclosures (Xerox copies only)

Xth, XIIth Mark Sheets	:	<input type="checkbox"/>
U.G. Provisional & Transfer Cert.	:	<input type="checkbox"/>
Eng. T/W Certificate	:	<input type="checkbox"/>
D.C.A. Certificate	:	<input type="checkbox"/>
Reference Letters	:	<input type="checkbox"/>