



OFFICE OF THE PRINCIPAL
CHRISTIAN MEDICAL COLLEGE & HOSPITAL
VELLORE - 632 002, TAMILNADU, SOUTH INDIA
“APPLICATION FORM FOR PROJECT STAFF”

Affix your
recent
Photograph
in passport size

Job Code: _____, **Application for the post of** _____

1. Name (In BLOCK Letters): : _____
2. Date of Birth & Age : _____ & _____
3. Male / Female : _____
4. Marital Status: : _____
5. Mother Tongue: : _____
6. Father's Name & Occupation : _____
7. Spouse Name & Occupation : _____
8. Address for Communication: : _____

9. Mobile Number : _____
10. Email ID : _____
11. Nationality & Religion : _____
12. Languages which you can speak : _____
Languages which you can read : _____
Languages which you can write : _____
13. Is any staff member or student of CMC past or present related to you? Yes / No
If yes means Name & Relationship : _____
Designation : _____
Department / Course of study : _____

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

GENERAL EDUCATIONAL QUALIFICATION				
S. No.	Examinations, Certificates, Diplomas, Degrees passed or obtained	Name and Address of School or College University / Institution etc.	Date of passing	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.	Additional Qualifications			

15. EMPLOYMENT DETAILS (PRESENT EMPLOYMENT AT THE TOP)

(Use additional sheet if necessary)

S. No.	Name of the Company / Institution	Post held	Period Served		Reasons for leaving / other remarks
			From	To	
1					
2					
3					
4					
5					

16. If you have worked in CMC, kindly provide two references: One from the last department head and one from another faculty member of the same department. Mention their contact details below and attach the reference letters with your application form.

Sl. No.	Name, Designation & Dept. of Referee	Address
1.		Phone/Mobile:
2.		Phone/Mobile:

17. Have you qualified NET or GATE? Yes / No
(If yes, please give details)

18. Have you qualified any other research fellowships? Yes / No
(If yes, please give details)

19. 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

20. 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

21. If selected probable date of joining:

22. I declare that all information I filled in this Application form is correct. I understand that falsification of data will result in automatic disqualification.

Date:

Signature of the Applicant

Please send completed Application form either by hard copy to The Principal, Christian Medical College, Bagayam, Vellore – 632 002 (or) by soft copy to princi.hr@cmcvellore.ac.in

Please ensure that the following documents are enclosed.

Please tick the Enclosures (Xerox copies only).

Xth, XIIth Mark Sheets	:	<input type="checkbox"/>
U.G. & P.G. Degree Certificate	:	<input type="checkbox"/>
Transfer Certificate	:	<input type="checkbox"/>
Reference Letters	:	<input type="checkbox"/>