

BANAS MEDICAL COLLEGE & RESEARCH INSTITUTE, PALANPUR

GALBABHAI NANJIBHAI PATEL CHARITABLE TRUST



Registration No: Public Trust Act 1950:
E/1530/Banaskantha Banas dairy Campus PB
No.20,Palanpur-385001

Phone No :(02742) 265780, e-mail: hr.bmcri.pln@gmail.com, web: www.bmcri.co.in

APPLICATION FOR PARAMEDICAL & OTHER STAFF

(INCOMPLETE APPLICATION WILL NOT BE CONSIDERED)

SECTION – 1

Please affix
your Recent
Passport Size
Photograph
here

Post applied for: _____

***Personal Details :**

Name in full:

Title (Mr./Mrs./Miss/Dr./Ms) : _____

Last Name (Surname) _____

First Name (Own Name) : _____

Middle(Fathers Name) : _____

Date of Birth : _____ Birth Place _____

Native State : _____ Taluka _____ Dist. _____

Blood Group: _____ Sex _____ Handicapped. (Y/N) _____

Category (Gen./OBC/SC/ST/Others) _____

Marital Status (Married/Unmarried/Widow/Divorced) _____ Identification Marks _____

*** Address Details**

Permanent address :	Correspondence address
City :	
Postal Code :	
District :	
Region(State) :	
Mobile No.	Mobile No.
Telephone No. with STD Code :	Telephone No. with STD Code :
e-mail ID :	e-mail ID :

* **Registration No.** (if applicable)

***Medical Details:**

Height (Inch) _____ Weight (Kg.) _____

Chest (Cm) _____

BMRI/GHP/HR/AFPM/F/02

SECTION – 2

Please provide details of family (Father, Mother, Spouse & Child details) :

Name		Relation ship	Date of Birth (Mandatory)	Occupation	Qualification
First Name	Middle Name				

SECTION – 3

*** Languages Known**

Name of Mother Tongue:

Name of Language	Gujarati	Hindi	English	Mother Tongue
Speak				
Read				
Write				

Have you ever suffered any prolonged / Chronic illness?	Yes/ No. _____
Are you suffering from any major / chronic illness?	Yes/ No. _____
Have you had any major surgical operation ?	Yes/ No. _____
If Yes, give details	

Have you been ever convicted / prosecuted ?	Yes/ No. _____
If yes, give details	

SECTION – 4

Academic Data (Starting with Latest Qualification).

Latest Qualification at the time of Recruitment with Percentage: _____

Month & year of Starting	Month & Year of Passing	School / College University & institute	Name of Examination Passed / Board	Main Subjects	Medium of Instruction	Result	
						Div. / Grade	% age

Are you yet to complete your studies? If yes, please give details.	Yes/ No.
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Any other Vocational / Professional / or special Qualifications in respect of the post applied.			
Name of the institute	Type of professional course / Training attended	Duration	
		From	To

Computer Knowledge :
1) M.S. Office
2) Internet
3) Programming
4) Networking
5) Hardware
6) SAP / Other ERP
7) Typewriting with Speed (Lower / Medium/ Higher) a) English b) Gujarati

SECTION – 5

Employment data (Starting from present employment)

Duration		Total Experience	Employer's Name & Place	Position held / Designation	No. of persons reporting to you	Name & Designation of your reporting officer	Reason for seeking job change
From (dd/mm/yyyy)	To (dd/mm/yyyy)						

Emoluments / Remuneration / Salary :

Particulars	Basic (P.M.)	D.A. (P.M.)	Other Allowances (P.M.)	Gross (P.M.)	Terminal Benefits	CTC	Other Perks
1. Present or last drawn							
2. Expected							

For reference purposes, please mention below at least three respectable persons, who are known to you for a considerable period.

Name	Designation	Name of Organization (with complete postal address)	Tel. No.

- Attach separate Sheet, If required.

Any other information in relation to this application :

List of Testimonials / Documents attached :

- | | |
|-------------------------------|-----|
| 1. School leaving certificate | () |
| 2. HSC | () |
| 3. SSC Mark sheet | () |
| 4. Degree Certificate | () |
| 5. Diploma Certificate | () |
| 6. Graduation Mark sheet | () |
| 7. Post Graduation Mark sheet | () |
| 8. Experience Certificate | () |
| 9. Diploma Mark sheet | () |

I hereby declare that, the above given information is correct and true to the best of my knowledge. If any of the information given above is found incorrect even after appointment, my services may be terminated at any time without notice.

Place : _____

Date : _____

(Applicant's Signature)