



MIRI-PIRI

INSTITUTE OF MEDICAL SCIENCE & RESEARCH
(A Unit of Shiromani Gurudwara Parbandhak Committee)

EMPLOYMENT DATA FORM

POSITION APPLIED FOR

Note:-

a. Applications received after due date or incomplete are liable to be rejected.

Advertisement No.....

Date:.....

Name of the Bank.....Draft No:..... Date..... (if required in adv.)

1. Full Name.....

(IN BLOCK LETTERS)

2. ADDRESS:

i) Present

ii). Permanent

.....

.....

.....

.....

iii) Phone No. : Residence.: Mobile:

E-mail id

PAN No.

PASSPORT No:

3. Date of Birth Age Place of Birth

4. Nationality

5. Marital Status

6. Is your spouse employed? Profession

7. Number of dependent children Their ages

8. Number of other dependants Their relationship.....

9. Father's/Husband's Name Occupation

10. Mother's Name.....Occupation.....



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Father's/ Mother's Address-----

11. A. Education:-

School or College attended	Year	Examination Passed	Subjects	Division

(Please enclose certified photocopies of Certificates)

11.B. Professional Qualification:

Year From To	Degree/ Diploma	Institution	Duration of Course

(Please enclose photocopies of Certificates)



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12. Employment Record: (Latest employment first).

Sl. No.	Name and address	Contact No: Of organization Last worked	Contact no Of person To whom You reported	Nature of Post held	From	To	Salary at the time of leaving	Reasons For Leaving

(Please enclose photocopies of Certificates)

13. Last salary drawn :

Grade	Basic	HRA	DA	Conveyance	Others (Specify)	Total
PF/EPF.....MEDICAL.....LTA.....PENSION.....						



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14. In the space provided below give details of your last employment with respect to key responsibilities, number of staff directed and whom did you report to? Draw organization chart & indicate your position.

15. Can we refer to your past employer? -----Yes/No—

16. Languages you can Read, Write, Speak -----

17. Are you a member of E.P.F./F.P.S ----- if yes

Give you're A/C No. -----

19. Do you belong to any Political Organization? -----

20. What are your hobbies? -----

21. Two Positive Attributes 1.-----

2.-----

22. Two Negative Attributes 1.-----

2.-----



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23. Two Professional Attributes -----

24. Achievements of your Professional Career-----

25. Where you would like to see you in next five years -----

26. Do you have any physical defects of a serious nature? -----

27. Details of Hospitalization for last five years.

Please give names and address of **THREE** responsible persons, other than relatives, whom we can refer to:

	Name	Address & Telephone No.
1.	_____	_____
2.	_____	_____
3.	_____	_____

28. Whom to notify in case of emergency :

	Name	Address & Telephone No.
1.	_____	_____
2.	_____	_____



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26. Membership of recognized professional bodies: **Type of Membership**
Name & Address

1. _____
2. _____
3. _____

27. Have you ever been prosecuted/sentenced by the court of Law or dismissed from service, if so, give detail? _____

Declaration:

I hereby affirm that the particulars and informations given above are true and correct and no Part of it is false and that I have not with held any fact or circumstances. In case any part of the information given above is found incorrect, my services shall be terminated without notice.

I also affirm that in case of any change in my address, I shall inform the HR Department within seven days of such changes in writing.

Date:

Signature of Applicant

(Note: Demand Draft of Rs. 500/- shall be in favour of Miri Piri Institute of Medical Sciences & Research and payable at Shahabad, if required)