

ANAND HOMOEOPATHIC MEDICAL COLLEGE & RESERACH INSTITUTE, ANAND
RUN BY SHRI RAMKRISHNA SEVA MANDAL
NR.SARDAR BAUG, ANAND.
WALK- IN INTERVIEW FORM

Application for: _____

Name of the Post Applied for: _____

Subject: _____

1. Name in full : (In Block letter)

Shri.

Smt. _____

Kum. (SURNAME) (NAME) (FATHER'S/ HUSBAND'S NAME)

2. Full Address & Contact No.: _____

Mobile / Phone No. : _____

3. Date of Birth _____ Age _____

4. Nationality _____ Mother tongue _____

5. Birth Place _____ Tal _____ Dist _____ State _____

6. Languages Known: (;)

Read			
Write			
Spoke			

7. Education Qualification: (Beginning with HSC exam.)

Examination Passed	University / Board	Year of Passing	Percentage	Subjects / Discipline

8. Detail of Teaching & Professional Experience: (After obtaining the basic Degree)

Name & Address of the employer	Designation of the post held	Period of Service From: To:	Nature of service	Total salary Drawn (P.M) Rs.

9. Experience other than Teaching Staff: _____

10. Present Designation: _____ Institute: _____

Date of Joining present post: _____

Present Basic Pay Rs. _____ Pay Scale _____

Total emoluments, pm. Rs. _____

Date of next increment _____

11. Name and Address of two persons for reference who are not related to the candidate but who are acquainted with the work and character of the candidate:

(1)

(2)

12. List of Testimonials / Certificates / Mark sheets of which copies are attached with the application:

1.

5.

2.

6.

3.

7.

4.

8.

I hereby declare that the information given above is correct to the best of my knowledge & belief.

PLACE:

DATE:

Signature of the Candidate