

“LIFE IN ITS FULLNESS” (Jh:10:10)

FATIMA HOSPITAL



CARE BEYOND CURE

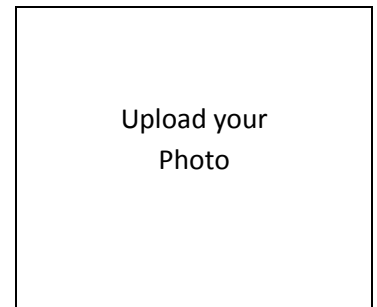
MOTHER TERESA ROAD, PADRI BAZAR

GORAKHPUR- 14

PH: +91551 2281862, FAX: +91551 2281320

Email: fatimagkp@gmail.com

APPLICATION FOR EMPLOYMENT



Post applied.....

1. Name.....

[Block letter as in school records]

2. Father's Name.....

3. Mother's Name.....

4. Date of Birth.....

5. Place of Birth.....

8. Nationality.....

6. State.....

9. Sex.....

7. Religion.....

10. Marital Status: Single Married

11. Caste.....

12. Present address.....

.....

E mail :Tel.No.....

13. Permanent address.....

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14. Name and address of Father/Husband/Guardian.....

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15. Educational Qualifications:.....

16. Extracurricular activities

17. How have you been occupied during the past 2 years?

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18. Name and address of the previous institution, where you worked:

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19. Reason for leaving the job.....

20. How did you know about Fatima Hospital?

Internet Friends News Paper Advertisement

21. Are you related to anybody in this institution: Yes / No

If yes, Name:

22. Name & address of two responsible persons known to you but not related to you.

[1]

[2]

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23. Nearest person to be informed in case of emergency.

Name: Relationship:

Address: Tel No.....

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N.B: The application form should be accompanied by the following:-

- 1) Attested copies of certificates of Degrees / Diplomas.
- 2) Certificates to prove date of birth.

DECLARATION

This is to certify that the above statements made by me are true, complete and correct to the best of my knowledge and are made in good faith. In the event the institution finds at any time any information contrary to what is stated above, the institution will have the right to terminate my service without notice or compensation.

Place :

Date:

Signature of the applicant