

APPLICATION FORMAT:

North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences, Shillong

Advertisement No. & Date:

APPLICATION FOR THE POST OF.....

1. Full Name in Block letters :
2. Father's/Husband Name :
3. Date of Birth :
4. Age (As on 19.08.2019)
5. Sex :
6. Permanent Address in Full :
7. Present Address in Full :
8. (a) Contact No & :
(b) Email Address :
9. Nationality (State whether by birth or by domicile):
10. Religion :
11. Do you belong to Schedule Caste/Schedule Tribe/OBC (NCL) ? :
(Enclose Copy of valid certificate)
12. Do you belong to Economically Weaker Section (EWS)? :
(Enclose Copy of Income and Asset Certificate issued by a Competent Authority)
13. Details of Examination passed from Matriculation/School leaving certificate onwards:

Affix recent Passport Size Photograph

Sl. NO	Name of School/College with Address	Examination Passed & Year of passing	Division/ Class obtained	% of marks obtained
1.				
2.				
3.				
4.				

14. Registration No. (for Indian/State Nursing Council) :

15. Experience:

Sl. No.	Name of the Institution	Name of the Employer	Post(s) held		Nature of duty	Reason of leaving
			From	To		
1.						
2.						
3.						
4.						

15. Whether No Objection Certificate from the Employer is attached, if not, reason thereof:

Declaration:

I hereby declare that the entries made in this form as above is true and correct to the best of my knowledge and belief. In the event of any information being found false/incorrect my candidature/services are liable to be terminated without any notice.

Signature of applicant

Station:

Date:

NB: Last date of submission of applications is one month from the date of publication of this advertisement in the Employment News i.e., 19th August, 2019