



# AB LIFE HEALTH CARE TAKER

NO: 13 JAYALAKSHMI NAGAR ARANI T.V MALAI (DISTRICT)

NO: 2 BAGAYAM VELLORE.

**97914 02955**

ablifehealthcaretaker@gmail.com



REGISTERED UNDER

**OUR SERVICES**GERIATRIC CARE, NURSING SERVICE, CHILD CARE TAKER, DENTAL CARE VISIT, PHARMACY,  
MEDICAL EQUIPMENTS, AMBULANCE.**STAFF JOINING FORM AB LIFE HEALTH CARE TAKER SERVICE**

EDUCATION	UNIVERSITY/COLLEGE	YEAR OF PASS	MARKS
DEGREE			
DIPLOMA			
10 <sup>TH</sup> / 12 <sup>TH</sup> CLASS			

1.	Applicant's Name	Mr.	Ms.	Mrs.			
2.	Sex	Male	Female		Married	Single	
3.a.	Address	Permanent				Present	
b.	Applicant's Phone Number	Mobile No		Whatsapp No		Alternate Contact No	
c.	Applicant's Relative Name & Address Relation:						
d.	Applicant's Relative Phone Number	Mobile No		Whatsapp No		Alternate Contact No	
e.	Applicant's Friend's Phone Number	Mobile No		Whatsapp No		Alternate Contact No	
4.	Aadhar Number						
5.	Date of Birth			6. Mail Id			
7.	Languages Known						
8.	Expected Salary						
9.	Experience Details						
10.	Presently Working Organization					11. Designation	
12.	Does the applicant knows to drive the vehicle	Yes	No	13. Driving License Number			
14.	Interested Work Slots	24 Hours		12 Hours		6 Hours	
15.	Interested Workplace	Chennai		20 kms around chennai		Other Districts	
16.	Interested Work	Basic Care			Critical Care		
17.	Place				18. Date		

**SELF DECLARATION**

I hereby declare that the information and documents provided by myself are true and found to be correct. I assure that if found something wrong the management has the rights to take certain action regarding this.

Authorization Signature

Applicant's signature