

**Current Employer (For Part-time employees)**

Hospital Address : .....

Designation : ..... Length of Service .....

From : ..... To .....

**Previous Employer**

Hospital Address : Image Super Hospital Address : RIMS Hospital  
Specialty Hospital Tiruvandrum  
Hyderabad (Neelumangad)

Designation : ..... Length of Service ..... Designation : ..... Length of Service .....  
From : 20-01-2010 To 31-03-2009 From : 21-01-2012 To 17-08-2012

Hospital Address : GRB Central Hospital Address : .....  
Hospital & Research  
Centre, Faridabad - Delhi

Designation : ..... Length of Service ..... Designation : ..... Length of Service .....  
From : 20/09/2010 To 31-03-2011 From : ..... To .....

**EMERGENCY CONTACT**

Emergency contact name : Shalom K-J

Relationship : Husband

Phone : ..... Mob : 9961150746

Alternate Emergency Contact Name : Njana Selvi

Relationship : Mother in law

Phone : ..... Mob : 9544738296

The information in this section is true and complete. I agree that any deliberate omission falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organisation can seek clarification regarding professional registration details. I agree to the above declaration.

Place :

Name : Jessyamma Shalom

Date : 30/11/17

Signature : Jessy

(For office use only)

No objection for taking Registration Fee  
Jessy