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in Co-op Housing  
lagar, Malad West  
: 022 40 111 351  
: 90 20 599 589

**APPLICATION FORM FOR STAFF**

2053

Name of the applicant (BLOCK LETTERS): SHINI ABRAHAM

Gender: ☐ Male ☒ Female DOB: 19.10.1980 Blood Group: .....

Religion: Cristian Caste: R.C Nationality: Indiano

Pan card / Adhar card No. : .....

**Permanent Address : (Residence)**

**Present Address**

Shini Abraham .....

Thengumthottal: H. .....

Velliamattom. p.O: Thadupuzha. .....

Pin Code: 685 588 .....

Pin Code: .....

Contact No. : 9656730986 .....

Contact No. : .....

E-mail: .....

E-mail: .....

Total years of experiences : 10 years .....

Copy of proof : SSLC | +2 | KNC | INC | Mark list | Experience | ID card / Pan card / Passport / Voter ID | Police Clearance Certificate |  
Authorised letter from Panchayath / Municipality / Corporation

Driving Licence ☐ Yes ☒ No  
☐ Motor Cycle ☐ LMV Licence No. ....

Educational Qualification	Name of the Institution	Year of Passing	Place
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S.S.L.C.	<u>S.K.H.S. Velliamattom</u>	.....	.....
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HSE	.....	.....	.....
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Nursing	.....	.....	.....
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I can do ☒ Full-time ☐ Part-time