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caringpeople®

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www.caringpeople.in | E-mail: info@caringpeople.in | Help

Shop No. 16, Brindavan Co-op Housing
Evershine Nagar, Malabar Road
Mumbai-400064



APPLICATION FORM FOR STAFF

2070

Name of the applicant (BLOCK LETTERS): Christudas. S

Gender: ☒ Male ☐ Female

DOB: 21/03/1988 Blood Group: B+ve

Religion: R.C Caste: Christian Nationality: Indian

Pan card / Adhar card No.:

Permanent Address: (Residence)

Pathuvil Parayidam
Paruthiyoor Pothiyoor
Trivandrum.

Present Address

same as above

Pin Code: 695513

Pin Code:

Contact No.: 8721497515

Contact No.:

E-mail: 9061183212

E-mail:

Total years of experiences: 3 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

S.S.L.C.

St. mathews T.V.m

2004 To 2005

Trivandrum

HSE

Nursing

I can do

☒ Full-time

☐ Part-time