



### 1.) Personal Details:

[illegible]

Gender: Male Female ☐ Others ☐

[illegible][illegible]

**Email:**

[illegible]

**Marital Status:** Married ☐ Never Married ☐ Single ☐

**1**

## 2.) Educational Qualifications

Sno	Qualification	Duration		Validity	
		From	To	Start Date date	End

## 3.) Career Details (Please use separate white sheets if the space given is not sufficient)

Sno	Designation	Organization	From	To	Reason for Separation

#### 4.) Medical History

##### Details of Vaccination taken

Name of the Vaccination	Year

Have you ever suffered from any of the following?

Heart/Respiratory Illness: YES ☐ NO ☐

Hypertension: YES ☐ NO ☐

Diabetes: YES ☐ NO ☐

Fever

Malaria: YES ☐ NO ☐

Dengue: YES ☐ NO ☐

Chikungunya: YES ☐ NO ☐

Pneumonia:

Tuberculosis (TB): YES ☐ NO ☐

Head ache/Migraine: YES ☐ NO ☐

Depression/Psychiatric Illness: YES ☐ NO ☐

Spine Problem:

YES ☐ NO ☐

Hepatitis/Jaundices

YES ☐ NO ☐

Cancer

YES ☐ NO ☐

### 5.) Professional References:

Name:

How is the person known to you? \_\_\_\_\_

Mobile Number:  Alternate Number:

Email:

Name:

How is the person known to you? \_\_\_\_\_

Mobile Number:  Alternate Number:

Email:

#### DECLARATION BY CANDIDATE

I hereby declare that the information furnished above is true to the best of my knowledge. I do hereby declare that above particulars of information and facts stated are true, correct and complete to the best of my knowledge and belief.

Name of the candidate: \_\_\_\_\_

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: / /2019.

#### FOR OFFICE USE ONLY

Sl. No.: \_\_\_\_\_

Date of Interview: / /2019.

Interviewed by: \_\_\_\_\_

Feedback of the Interviewer: Selected ☐ Not selected ☐

Signature of the interviewer: \_\_\_\_\_