**JSS INSTITUTE OF SPEECH AND HEARING**

**MG ROAD, MYSURU-04**

**PLACEMENT CELL REQUEST FORM**

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| **S.N** | **DETAILS TO BE FURNISHED** | |
| 1 | NAME OF THE FIRM WITH ADDRESS |  |
| 2 | HEAD OF THE FIRM |  |
| 3 | CONTACT NUMBER |  |
| 4 | EMAIL-ID |  |
| 5 | WEBSITE ID |  |
| 6 | VACANCIES AVAILABLE  NAME OF THE POST  NUMBER OF POSTS |  |
| 7 | ELIGIBILITY CRITERIA  ESSENTIAL QUALIFICATIONS  DESIRABLE QUALIFICATIONS |  |
| 8 | JOB DUTIES & RESPONSIBILITIES |  |
| 9 | SALARY DETAILS (PER MONTH)  BASIC SALARY  TRAVEL ALLOWANCE  INCENTIVES  GRATUITY  OTHER BENEFITS |  |
| 10 | FOOD AND ACCOMMODATION |  |
| 11 | LEAVE POLICY |  |
| 12 | PROBATIONARY PERIOD OR CONTRACT DETAILS |  |
| 13 | PLACE OF WORK |  |
| 14 | CONTACT PERSON AND NUMBER |  |
| 15 | ANY OTHER INFORMATION |  |

Name and Signature of the concerned person