



# SIDDHASTHALI RURAL COMMUNITY HOSPITAL

Form No:  
Reg. No:  
Symbol No:

## Application for employment

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Passport size photo

### For Office Use Only

Date of joining: .....

Level: ..... Total Rupees:.....

Employment no:.....

1. Name: \_\_\_\_\_

First

Middle

Last

2. Address:

2a. Permanent: Province: \_\_\_\_\_ District: \_\_\_\_\_

City: \_\_\_\_\_ Ward no. \_\_\_\_\_

Area: \_\_\_\_\_ Phone No.: \_\_\_\_\_

2b. Temporary: \_\_\_\_\_

3. Position Desired: \_\_\_\_\_

4. Citizenship: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ (B.S.)

Year

Month

Day

\_\_\_\_\_ (A.D.)

Year

Month

Day

6. Place of Birth: \_\_\_\_\_

7. Sex: Male/Female

8. Marital status: \_\_\_\_\_

9. Name of Spouse: \_\_\_\_\_

10. Name of children with age:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

11. Name of Father/Guardian/Husband/Wife: \_\_\_\_\_

12. Educational Training and Professional Qualifications (attached all Certificates and Citizenship)

|            | Name | Period of study<br>(from<br>month/year to<br>month/year) | Qualification<br>Obtained | Registration No. |
|------------|------|--|---------------------------|------------------|
| School     |      |  |                           |                  |
| Campus     |      |  |                           |                  |
| University |      |  |                           |                  |

13. Work experience:

| Name of institution<br>where you worked<br>before, with address | Job Title | Salary earned | Date from-until |
|---|-----------|---------------|-----------------|
|   |           |               |                 |
|   |           |               |                 |
|   |           |               |                 |
|   |           |               |                 |
|   |           |               |                 |

14. Write briefly why you want to apply to Siddhasthali Rural Community Hospital for the position mentioned in the advertisement.

15. Give two names for your character reference.

|    | Name  | Address | Phone no. |
|----|-------|---------|-----------|
| a. | _____ | _____   | _____     |
| b. | _____ | _____   | _____     |

Declaration:

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I certify that the above information is true to the best of my knowledge, and I understand that any false information or important information not included will be grounds for immediate dismissal. I therefore authorize the Siddhasthali Rural Community Hospital to investigate my statements.

*I agree that on termination of my employment I will return any hospital property issued to me.*

16. Full Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**Admit card**

Affix a recently taken  
Passport size photo

Name:.....

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Applicant signature

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Exam Center

Position Desired

Authorize official Signature/Date