** Date:**

Dr. D. Y. Patil College of Ayurved Hospital & Research Centre

LATEST PHOTOGRAPH (ESSENTIAL)

Pimpri, Pune 411018

Dr. D. Y. Patil Vidyapeeth, Pune

(Deemed to be University)

Accredited (3rd Cycle) by NAAC with a CGPA of 3.64 on point scale at ‘A++’ Grade

(Hospital Accredited by NABH)

Post Applied For:

Name:

Fathers Name:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRESENT ADDRESS:** | | | | |
| ADDRESS:  CITY: PINCODE: |  | STATE: | |  |
| **PERMANENT ADDRESS:** | | | | |
| ADDRESS:  CITY: PINCODE: |  | STATE: | |  |
| **MARITAL STATUS: M ( )** | **S ( )** |  | **DATE OF MARRIAGE:** | |
| **DATE OF BIRTH:** | | | **BLOOD GROUP:** | |
| **BIRTH/NATIVE PLACE:** |  | **DIST:** | | **STATE:** |
| **CATEGORY : GENERAL / SC / ST / NT / VJ / VJNT tick (****)** | | | | |
| **AADHAR CARD NO:**  **PAN CARD NO :**  **Note: Please attach photo copy of the AADHAR CARD & PAN CARD along with the credentials and other supportive documents)** | | | | |

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| **PHONE NO. WITH STD CODE** | OFFICE: | MOBILE: |
| RESIDENCE: | E-MAIL:\* |

LANGUAGE PROFICIENCY:

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| **LANGUAGES KNOWN** | **SPEAK** | **READ** | **WRITE** |
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\* E-Mail ID and at least one Contact Number is Compulsory

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| **EDUCATIONAL BACKGROUND** | | | | | | |
| **QUALIFICATION** | **COLLEGE/INST. ADDRESS** | **BOARD/ UNIVERSITY** | **SPECIAL- IZATION** | **YEAR** | | **PERCENTAGE**  **/DIV.** |
| **FROM**  **DATE** | **TO**  **DATE** |
| **ACADEMIC QUALIFICATION** | | | | | | |
| **SSC/10TH** |  |  |  |  |  |  |
| **HSC/12TH** |  |  |  |  |  |  |
| **GRADUATION** |  |  |  |  |  |  |
| **POST GRAD.** |  |  |  |  |  |  |
| **PROFESSIONAL QUALIFICATION** | | | | | | |
| **QUALIFICATION** | **COLLEGE/INST. ADDRESS** | **BOARD/ UNIVERSITY** | **BRANCH/ STREAM** | **YEAR** | | **PERCENTAGE**  **/DIV.** |
|  | | |  | **FROM**  **DATE** | **TO**  **DATE** |  |
| **DIPLOMA** |  |  |  |  |  |  |
| **GRADUATE** |  |  |  |  |  |  |
| **POST GRAD.** |  |  |  |  |  |  |
| **OTHERS** |  |  |  |  |  |  |
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| **COMPUTER LITERACY:** | | | | | | |

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| **NOTEWORTHY ACHIEVMENTS: (Please attach separate sheet if required)** |
| **1. Academics Achievements: (Prizes / Scholarships / Awards Won)** |
| **2. Professional Achievements:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FAMILY BACKGROUND** | | | | | | |
| **RELATION** | **NAME** | **GENDER** | **DATE OF BIRTH** | **EDUCATION** | **RESIDENCE** | **OCCUPATION** |
| FATHER |  |  |  |  |  |  |
| MOTHER |  |  |  |  |  |
| BROTHER/ SISTER |  |  |  |  |  |  |
| BROTHER/ SISTER |  |  |  |  |  |  |
| SPOUSE |  |  |  |  |  |  |
| CHILD – 1 |  |  |  |  |  |  |
| CHILD - 2 |  |  |  |  |  |  |

PREVIOUS EMPLOYMENT DETAILS (Please begin with Current Job)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SR.**  **NO.** | **NAME OF ORGANISATION** | **LOCATION** | **DURATION** | | **DESIGNATION** | **REASON OF LEAVING** |
| **FROM**  **DATE** | **TO**  **DATE** |
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Please draw the relevant part of your Organization Chart on the last page of this form to specify the reporting relationship between you, your superior and subordinates.

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| **SPECIALIZED TRAINING / ON THE JOB TRAINING UNDERGONE: Please do not mention routine courses** | | | |
| **SR. NO.** | **COURSE TITLE** | **PERIOD / DURATION** | **INSTITUTE** |
|  |  |  |  |
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| --- | --- | --- |
| **REFERENCES: Give three professional references not related to you in any way and who are familiar with your work** | | |
| **SR. NO.** | **NAME AND OCCUPATION** | **ADDRESS AND TELEPHONE** |
|  |  |  |
|  |  |  |
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Do you have any friend / relative working with our organization? Yes No

If Yes, kindly state the name & designation: \_

The information given by me is true to the best of my knowledge.

Place: Date:

Signature

\_

REMUNERATION DETAILS WITH PRESENT EMPLOYER, IF ANY

|  |  |  |  |
| --- | --- | --- | --- |
| **Present Designation: \_** | | **Location:** | |
| **Notice Period:** | | **Expected Joining Period:** | |
| **SR. NO.** | **DETAILS OF EMOLUMENTS** | **PER MONTH (RS.)** | **PER ANNUM (RS.)** |
| 1 | SALARY – BASIC + D.A. |  |  |
| 2 | P.F. (EMPLOYERS CONTRIBUTION) |  |  |
| 3 | H.R.A. |  |  |
| 4 | TRANSPORT ALLOWANCE |  |  |
| 5 | CHILD EDUCATION |  |  |
| 6 | UNIFORM / WASHING |  |  |
| 7 | OTHER ALLOWANCE |  |  |
| 8 | LTA |  |  |
| 9 | MEDICAL |  |  |
| 10 | BONUS / EX-GRATIA |  |  |
| 11 | MEDICLAIM INSURANCE |  |  |
|  | **OTHER BENEFITS** |  |  |
| 1 | LOCAL CONVEYANCE |  |  |
| 2 | SCOOTER/CAR MAINT. ALLOWANCE |  |  |
| 3 | INCENTIVE, IF ANY |  |  |
| 4 | MOBILE PHONE |  |  |
| 5 | ANY OTHER |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
|  | **GROSS TOTAL (RS.)** |  |  |

DECLARATION:

I declare that all statements I have made in this form are true & correct. I agree that any misrepresentation or omission of facts will be sufficient causes for affecting my appointment.

SIGNATURE OF CANDIDATE DATE