

**Application form for other Specialties- TMC / TTCRC
(Administration & Support Services, Research)**

Position applied for

*Affix recent
passport size
photograph*

PERSONAL DATA

Name: Dr/Mr / Miss/ Mrs

Present address _____

City _____ State _____ Pin _____

Telephone _____ Mobile _____

Permanent address _____

City _____ State _____ Pin _____

Telephone _____
Mobile _____

Email _____

Date of birth: _____ Gender : Male Female

Father's Name & Occupation: _____

Spouse's Name & Occupation: _____

Mother Tongue : _____ Other Language Spoken : _____

Nationality _____ Religion : _____

PAN No : _____ AADHAR No. _____

TRAINING DETAILS

Program	Duration	Year	Organized by

EMPLOYMENT EXPERIENCE (Start from present employment)

Name and address of organization	Period		Position held	Location	Reasons for leaving / break
	From	To			

Provident Fund Membership, if you are already a member of Employee Provident Fund : (UAN):

MEMBERSHIP OF PROFESSIONAL BODIES.

REFERENCES

Please provide the names, professional designations, business relationship and full mailing addresses, of three references. Referees should have a good knowledge of your competencies, and must be familiar with your work. One reference should be the current and immediate supervisor. **Applicants who do not have work experience must give recent academic references.**

Name

Designation

Work relationship

Address

E-mail

Telephone (with STD / ISD code)

Mobile

Name

Designation

Work relationship

Address

E-mail

Telephone (with STD / ISD code)

(mobile)

Name

Designation

Work relationship

Address

E-mail

Telephone (with STD / ISD code)

(mobile)

Current salary and benefits (per annum) Rs. _____

Notice required for joining the position if recruited _____

Tentative Date of joining : _____

GENERAL INFORMATION

1. Are any of your relatives employed by Tata Medical Centre? Yes No

If yes, specify Name _____ Relation _____

2. Were you convicted in any criminal offence? Yes No If yes, give details

I hereby testify that the information provided by me in this application form is true and correct to the best of my knowledge and belief. I accept that if any information is subsequently found to be false, I will be liable for immediate disqualification or dismissal from service without any notice or liability occurring to the organization.

Date

Place:

Signature of the Applicant

List of documents attached to application:

- | | | |
|---|---------|--------|
| 1. School Leaving Certificate (Class X) | [] YES | [] NO |
| 2. 10+2/ Graduate/Post Graduate Certificate | [] YES | [] NO |
| 3. Professional Degree/Diploma Certificate | [] YES | [] NO |
| 4. Experience Certificate: | [] YES | [] NO |
| 5. Internship Completion Certificate, if applicable | [] YES | [] NO |
| 6. PAN & AADHAR | [] YES | [] NO |

FOR OFFICE USE ONLY

To be engaged from:

Grade:

Basic:

Function:

Designation:

Division:

Location:

Induction Status:

Trainee

Probationer

Signature of the Head- Human Resources

Signature of Divisional / Dept. Head