

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: _____ Age : _____ Gender : Male Female Others

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.

PUBLICATIONS AND RESEARCH WORK (For Research Candidates): State only the numbers

Type of Publication	Number of published or accepted	Number of publications as first author or corresponding author
Original Research Papers in Indexed Journals		
Other publications in Indexed Journals		
Research Papers in Non-Indexed Journals		
Text Books or Monographs or Thesis		
Chapters in Text Books or Monographs		
Abstracts in Indexed Journals		
Unpublished abstracts presented at conferences		

Describe (in 150 words) your most notable contribution in Research.

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