

**CONFIDENTIAL**

**TATA MEDICAL CENTER, KOLKATA**

14 MAR(E-W), New Town, Kolkata 700160

Telephone: 033-6605 7585

**TMC application form for other Specialties-  
(Scientific Officer and Technologist)**

**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**

<b>Program</b>	<b>Duration</b>	<b>Year</b>	<b>Organized by</b>

**EMPLOYMENT EXPERIENCE** (Start from present employment)

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

**Provident Fund Membership, if ever employed: (UAN):**

**MEMBERSHIP OF PROFESSIONAL BODIES.**

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## 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)             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. 10+2/ Graduate/Post Graduate Certificate         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Professional Degree/Diploma Certificate          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Experience Certificate:                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Internship Completion Certificate, if applicable | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. PAN & AADHAR                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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**FOR OFFICE USE ONLY**

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To be engaged from:

Grade:

Basic:

Function:

Designation:

Division:

Location:

Induction Status:

Trainee

Probationer

Signature of the Head- Human Resources