

CONFIDENTIAL



TATA MEDICAL CENTER, KOLKATA
14 MAR (E-W), New Town, Kolkata 700160

www.tmckolkata.com
Telephone: 033-6605 7000

TMC Application Form for Nursing

Position applied for

*Affix recent
passport size
photograph*

Nursing Registration No _____ State _____ Date _____

Updated: Registration No ----- State ----- Date -----

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 Languages Spoken: _____

Nationality _____ Religion _____

PAN No . _____ AADHAR No. _____

EDUCATIONAL QUALIFICATIONS (From Class X Onwards)

Course	University / Board	Name of school/College	Session		Exam Month / Year	Passed out Month	Marks Obtained	Class / percentage
			From	To				

Explain breaks if any: _____

COMPUTER PROFICIENCY

Packages & Languages	Excellent	Good	Average

LANGUAGE PROFICIENCY

Languages	Read	Write	Speak	Understand

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 ever employed: (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 Monthly gross salary and annual CTC (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

3. Have you ever applied/have been interviewed at TMC before? Yes No

If yes, please specify 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 organisation.

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. Nursing Council Registration certificate | [] YES | [] NO |
| 5. Experience Certificate: | [] YES | [] NO |
| 6. Course Completion Certificate | [] 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