

Pravara Medical Trust

Loni. Bk. 413 736, Tal. Rahata, Dist. Ahmednagar (MS)

Application Form For Teaching / Non-Teaching / Administrative Post

To,

**The Chairman
Pravara Medical Trust
Loni. Bk. 413 736
Tal. Rahata,
Dist. Ahmednagar (Maharashtra)**

Sub: Application for the post of

Ref. Your advertisement published in on

Respected Sir,

I wish to apply for the Post ofin your organization. I am giving below the particulars about my educational qualification and work experience.

Thanking you,

Yours sincerely,

(.....)

(Name)

Pravara Medical Trust

Loni. Bk. 413 736, Tal. Rahata, Dist. Ahmednagar (MS)

Application Form For Teaching / Non-Teaching / Administrative Post

1. Name of the post applied for :

2. Candidate's Name :

(Surname) (Name) (Father's/ Husband's name)

3. Date of Birth :.....Age:.....

4. Gender : Male / Female 5. Marital Status : Married / Unmarried

6. (a) Permanent address :

.....

.....

(b) Address for Correspondence:

.....

.....

7. (a) Phone No. E-mail ID.....

(b) Mobile No.

8. Academic Qualifications :

<i>Sr. No.</i>	<i>Examination/ Degree & Faculty</i>	<i>Year and Month of Passing</i>	<i>Board / University</i>	<i>Principal Subject</i>	<i>Class / Grade/ Percentage of Marks</i>	<i>Total No. of Marks</i>
1.	S.S.C.					
2.	H.S.C. Arts / Commerce/ Science etc.					
3.	U.G. Degree Arts / Commerce/ Science/ Management/ Pharmacy etc.					
4.	P.G. Degree Arts / Commerce/ Science/ Management/ Pharmacy etc.					
5.	Research Degree Ph.D.					

(Please enclose attested copies of certificates)

**Any other Technical / Educational Qualifications i.e. Typing English / Marathi /
Stenography / Computer courses etc.**

Sr. No.	Name of the Technical / Professional Qualifications	Name of the Institution/Board University	year of passing	Marks / Grade
1.				
2.				
3.				
4.				

(Please enclose attested copies of certificates)

10. Work experience:

Sr. No.	Post	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in year and month	Pay drawn
1.						
2.						
3.						
4.						
5.						
6.						
7.						

(Please enclose attested copies of Testimonials)

11. Languages known

Sr. No.	Language	Read	Comprehend	Speak	Write
1.					
2.					
3.					
4.					

12. Extra – Curricular Activities (Hobbies / Sports)

Sr. No.	<i>Extra- Curricular Activities/ Sports</i>	<i>Participation</i>	<i>Special Achievement</i>
1.			
2.			
3.			
4.			

13. References

1.

2.

I hereby solemnly declare that the information given in this application is true and correct to the best of my knowledge and belief.

I understand and agree that misrepresentation or omission of relevant information may lead to cancellation of application.

Place :-
Date:-

Signature
(Name)