



Christian Institute of Health Sciences & Research

4th Mile, Dimapur, P.B. No. 31, P.O. ARTC. Nagaland – 797115. Ph: 03862-242555 www.cihsr.in

1-Application Blank Form

1. All fields are to be filled completely and accurately in CAPITAL letters.
2. Information given by you will be treated in full confidence and will form an important basis for consideration of your application. Any falsification or misrepresentation will lead to withdrawal of any offer made by **CIHSR, Dimapur** or termination of your employment in the event of you being employed with **CIHSR, Dimapur**.

Affix Recent
Photograph

Position applied for _____ (Medical/Nursing/Allied/Admin/
College of Nursing)

1. General Information

| | | | |
|---|------------|--|-----------|
| Name in Full <i>(As in Passport/ other official documents. In capital letters)</i> | First Name | Middle Name | Last Name |
| Date & Place of Birth | | Gender | |
| Nationality | | Religion | |
| Marital Status | | No. of Children (if any) | |
| Father's/Husband's Name <i>(In capital letters)</i> | | If married Name of spouse, occupation & Marriage date: | |
| Current Address | | | |
| Phone Number | | | |
| Permanent Address with House number <i>(to be written legibly)</i> | | | |
| Phone Number | | | |
| Personal Email Id | | Mobile Number | |
| Passport Number & Expiry Date | | PAN Card Number | |

2. Emergency Details

| | |
|--|--|
| Blood Group: | |
| Any Major Illness: | |
| Contact Person in case of Emergency (mention relation) | |
| Address: | |
| Phone: | |



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3. Educational/Professional Qualification

| Qualification <i>(Add details)</i> | Board/ University | Year of passing | Class & % of marks | Major Subjects |
|---|------------------------------|----------------------------|-----------------------------------|-----------------------|
| Std X/ SSLC (School's name) | | | | |
| Std XII/ HSLC (School's/College's name) | | | | |
| Diploma (Institute's name) | | | | |
| Graduation (College's name) | | | | |
| Post Graduation (College's name) | | | | |
| Others | | | | |

Please provide details of Professional Registration Number (eg TNAI, Medical/Nursing/Pharmacy registration number & council), other qualifications, trainings if any.

4. Employment History

| Name, address of previous employers | Designation natures of duties | Period of Service | | Gross Salary (per annum) |
|--|--------------------------------------|--------------------------|-----------|-------------------------------------|
| | | From | To | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

With respect to your current/ last employer, please explain your position in the organization chart. Mention at least three levels above your position and three levels below you.

Please mention if you have any bond obligations/ commitment or such other agreement with your last employer, mentioning the time and other details of the same.



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5. Other Details

Kindly rate as excellent, average, not known

| Languages Known | To speak | to read | to write |
|-----------------|----------|---------|----------|
| English | | | |
| Hindi | | | |
| Local dialect | | | |
| Any other | | | |

Are you related/ known to any of the founders/ stake holders/ existing employees of CIHSR? If yes, please mention the details.

| Name of the Person | Designation | Relationship |
|--------------------|-------------|--------------|
| | | |
| | | |

Please provide at least 2 professional references, with whom you have had a professional relationship.

| Name | Current Designation/ Organization | Contact No. | Nature of Professional Relationship |
|------|--------------------------------------|-------------|--|
| | | | |
| | | | |

Expected salary:

Do you have any non-complete obligations or conflict situations or other restrictive clauses with any party including any of your previous employers?

Current salary:

Have you have been convicted by any court of law or do you have any cases pending in the any court? If yes, please give complete details of the same?

Is there any other restrictions or conflict situations, known to you at this time, which may affect or limit your ability to work for (CIHSR)?

Please mention any other relevant information which may be of significance to your employment with CIHSR, Dimapur.

I affirm that the information given in this application is true and correct.

I also fully understand that if at any stage it is discovered that any attempt has made by me to will fully conceal/and misrepresent any of the facts, my candidature may be summarily rejected or my employment terminated.

I understand that all information provided by me in this application are subject to verification and I hereby authorize CIHSR, Dimapur and its representatives to verify information provided in my application for employment and to conduct enquiries as deemed necessary.

(Signature of Candidate)

Date
Place



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Candidates will need to bring their original documents for verification & also submit the photocopies of following certificates.

- 1) Class X & XII marksheets, admit card & pass certificate
- 2) Diploma/Degree/PG certificate as per the qualification required for post applied
- 3) Registration certificate with the council(Nursing, Medical, Pharmacy etc)
- 4) Work Experience certificate, if any, from your previous employers
- 5) No Objection Certificate from current employer, if applicable
- 6) PAN Card photocopy/any other Govt. recognized ID card
- 7) Receipt

Office use only

Document Verification sheet

| S.No | Certificate | Yes | No | Remarks |
|------|--|-----|----|---------|
| 1 | CIHSR Application Form | | | |
| 2 | Proof of Date of Birth | | | |
| 3 | 10 th Certificate <i>marksheets, admit card & pass certificate</i> | | | |
| 4 | 12 th Certificate <i>marksheets, admit card & pass certificate</i> | | | |
| 5 | Degree Certificate <i>marksheets, & pass certificate</i> | | | |
| 6 | PG certificate <i>marksheets, & pass certificate</i> | | | |
| 7 | Registration certificate | | | |
| 8 | Previous work experience certificate | | | |
| 9 | No Objection Certificate | | | |
| 10 | PAN Card photocopy/any other Govt. recognized ID card | | | |
| 11 | Payment receipt | | | |