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## Application Blank Form VER 9.

1. 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**.
2. **Mandatory to answer all questions.**
3. **Please submit your Curriculum Vitae(CV) as well if available**

Position applied for \_\_\_\_\_ (Medical/Nursing/Allied/Admin/  
College of Nursing/Support service)

### 1. General Information

Name in Full (As in Passport/ other official documents. In capital letters)			
Tribe/Caste		Any Disability	
Date & Place of Birth		Gender	
Nationality		Religion	
Marital Status		No. of Children (if any)	
Father's/Husband's Name (In capital letters)		If married Name of spouse. Date of Marriage	
Current Address			
Permanent Address with House number(to be written legibly)			
Personal Email Id		Mobile Number	
Aadhar number		PAN Card Number	
Has the linking of Aadhaar and PAN card been done? Yes/No. if employed at CIHSR at a later stage, linking is mandatory before joining			

### 2. Emergency Details

		Any Major Illness:	
Contact Person in case of Emergency (mention relation)		Emergency Contact Number	

### 3. Educational/Professional Qualification

Qualification (Add details)	Board/ University	Year of commencement	Year of passing	Class & % of marks	Specialization
Std X/ SSLC (School's name)					



# Christian Institute of Health Sciences & Research

(A NABH Pre-Accreditation Entry Level Hospital)

4<sup>th</sup> Mile, Dimapur, P.B. No. 31, P.O. ARTC, Nagaland - 797 115, Ph: 03862-242555, www. cihsr.in



Graduation-(College's name)					
Post-Graduation (College's name)					
Diploma (Institute's name)					
Other Qualification					
Medical/Nursing/Allied Health's name, contact number & Institute. This is to verify the accuracy of credentials as mentioned by candidate.					
Please provide details of Professional Registration Number (eg TNAI, Medical/Nursing/Pharmacy registration number & council).					

#### 4. Employment History

Name& place of previous employers	Designation & Responsibilities	Period of Service		Gross Salary (per annum)	Reason for leaving
		From	To		
		<b>Current salary:</b>			
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.					

5. 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.

6. 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	Email ID



### 7. Tick whichever is relevant

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

### 8. Please help us know you better

#### Family Particulars

Name	Relationship	Age	If working, what is their occupation & place of work
Is the family dependent on you for support? If so who?			

### 9.

Sl.No	Please answer to all the Question	Answer
1.	Hobbies and recreational activities	
2.	Messaging app you use: Whatsapp/Facebook messenger/VIBER/Telegram/Signal	
3.	Social Media you use: Facebook/Instagram/Twitter	
4.	English/local newspapers you read	
5.	Magazines you read	
6.	Types of book you read	
7.	Current book you are reading	
8.	Your Religious involvement	
9.	What are your talents?	
10.	Any leadership position taken in the past or current? Y/N If so in what capacity & what org.?	
11.	Do you have any non-complete obligations or conflict situations or other restrictive clauses with any party including any of your previous employers?	Y/N



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12.	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?	
13.	Is there any other restrictions/issues (like health) or conflict situations, known to you at this time, which may affect or limit your ability to work for (CIHSR)?	
14.	How long is your commitment to work at CIHSR (long term/short term plan)?	< 2 years 2-5 years > 5 years
15.	Please mention any other relevant information which may be of significance to your employment with CIHSR, Dimapur.	
16.	Are you willing to perform shift work: Y/N/NA	YES
17.	Are you willing to work overtime? Y/N	YES
18.	Depending on the availability, would you like to stay in the accommodation given or stay outside.	
19.	After Selection how many days will you need to join the organization ?	
20.	What is your understanding of the Vision of CIHSR ? <i>mentioned on page number 6</i>	(Write in 100 words)
21.	How do you see yourself growing in your career at CIHSR ?	(Write in 50 words)



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22.	What are your reasons to join/apply at CIHSR?	(Write in 100 words)

10. 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

### DECLARATION

1. I affirm that the information given in this application is true and correct.
2. 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.
3. 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:**



**Candidates will need to submit the photocopies of following certificates. Candidates will need to bring their original documents for verification on the Date of Interview.**

**Office use only      Document Verification sheet**

S.No	Certificate	Yes	No	Remarks
1	CIHSR Application Form			
2	Proof of Date of Birth			
3	10 <sup>th</sup> Certificate- <i>marksheets, admit card &amp; pass certificate</i>			
4	12 <sup>th</sup> Certificate- <i>marksheets, admit card &amp; pass certificate</i>			
5	Degree Certificate- <i>marksheets, &amp; pass certificate</i>			
6	PG certificate- <i>marksheets,&amp; pass certificate</i>			
7	Registration certificate			
8	Previous work experience certificate			
9	Scheduled Tribe Certificate			
10	No Objection Certificate			
11	PAN & Aadhaar photocopy			
12	Payment receipt			
13	Police verification certificate (for drivers)			
14	Reference letter from Pastor/ Priest/religious head			
15	Reference letter from senior member of the community			

MOTTO: Serve Nurture Transform

VISION STATEMENT: To develop Christ centered Leadership in Health care, transforming communities through compassion, innovation and excellence.



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## CORE VALUES

1. Honesty, transparency and Integrity
2. Compassion for our patients and staff
3. To be a vibrant and supportive Fellowship
4. Focus on the poor and marginalized
5. Inter denominational and multi-racial inclusiveness
6. Sanctity of human life.