



**OFFICE OF THE NURSING SUPERINTENDENT
CHRISTIAN MEDICAL COLLEGE
VELLORE - 632 004. TAMIL NADU
SOUTH INDIA**



**AFFIX YOUR
RECENT
COLOUR
PHOTOGRAPH
IN PASSPORT
SIZE**

APPLICATION FORM FOR THE POST OF M.P.H.W
(to be filled in candidate's own handwriting)

1. Name in Full :
(In Block Letters)

2. Present Address :

3. Permanent Address :

4. Phone number :

Email ID :

5. a) Age and Date of Birth :
(with proof thereof)

b) Place of Birth :

6. Nationality :

7. a) Religion :

b) If Christian :
Church Affiliation :

8. Mother Tongue:

9. Languages which you can speak :

Languages which you can read :

Languages which you can write :

10. Your Personal Marks : 1.

: 2.

11. Name of Father / Guardian :

Address and Occupation :

Phone number :

12. Is any staff member or student of CMC past or present related to you? Yes / No

If yes Name & Relationship :

Designation :

Department / Course of study :

13. Have you ever been employed in C.M.C Hospital before : Yes / No
If yes give details:

Date of employment:

14. Marital Status (Tick Mark) : Single / Married / Widow (er) (If pregnant state number of weeks)

If Married, Name of Husband / Wife :

Date of Marriage : Husband's Occupation, Place of work & State of Health

15. Family Details

Name	Age	Relationship	Health Problem
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1. _____
2. _____
3. _____
4. _____
5. _____

16.

Height	Weight	Chest		Vision	Hearing
		Maximum	Minimum		

17.(a) Any major illness in the past (give details) :

(b) Do you have any health problem for which you are planning on seeking medical care after joining :

18. Give details here of your Literary, Cultural, Artistic, Sports, etc., ability and achievements (if any) :

19. EDUCATIONAL QUALIFICATIONS

Examination	Name & Address of School or College, University/Institution etc.	Date of Passing	Class or Division & Percentage of Marks
S.S.L.C.			
H.S.C./ +2			
M.P.H.W			
Additional Qualifications			

20. EMPLOYMENT DETAILS

S.No.	Name of the Institution & address	Post held	Period Served		Reasons for leaving
			From	To	
1					
2					
3					

21. Give names of three references who are not related to you: (2 Senior Nurses / 1 Pastor or Responsible person)

Name	Address	Occupation

22. Completed application form should be returned with the following:

- a. Two recent passport size color photographs
- b. Copies of the following:
 - (1) Higher Secondary Mark List
 - (2) Transfer Certificate
 - (3) Multipurpose Health Worker Certificates
 - (4) Tamil Nadu Nurses & Midwives Council Registration Certificate
 - (5) Relieving Certificate and Experience Certificate

I certify that the information provided by me herein is correct and complete to the best of my knowledge and belief and nothing has been concealed. I am not aware of any information or circumstances which might impair my fitness for employment in Christian Medical College. If at any time I am found to have concealed any material information or give any information which is not true, my appointment in the Christian Medical College should be liable for summary termination without notice or compensation.

I agree that if I am appointed I shall abide by the rules & regulations of the institution and hereby undertake that I will be subject to the constitution and Bye-laws, Council actions administrative rules and standing orders of that institution as also the terms and conditions of service as they exist at the time of appointment and as they may be modified from time to time by the authorities. I further agree to take up casual, temporary/permanent duty in the discharge of the institution's assignments anywhere if and when required.

Date:

Signature of the Applicant