

Affix Recent Passport size Photograph here

Fill the Post No. in the above box, as per the below table:

Post No. Position Called For	
01	Nursing Practitioner
02	Pharmacist
03	Medical Attendant

1. Personal Details:

a)	Name	
b)	Father's Name/Husband Name	
c)	Date of Birth	
d)	Age as on date	
e)	Gender	
f)	Marital Status	
g)	Category(SC/ST/OBC/GEN)	
h)	Nationality	



2. Address Details:

	Address for Correspondence	Permanent Address
Address		
Tel No.		
Mobile No.		
E-Mail		

3. Academic Qualifications (in descending order)

SI. No	Examination Passed	Name of the institution/University	Year of Passing	% of Marks	Specialization



4. Current Employment Record:

Sl. No	Organisation	Designation	gnation Current Monthly Gross Pay (Rs)	Period		Job Description
				From (dd/mm/yyyy)	To (dd/mm/yyyy)	

5. Past Work Experience:

Sl. No	Organisation	Designation	Monthly Gross Pay	Period		Job Description
			(Rs)	From (dd/mm/yyyy)	To (dd/mm/yyyy)	



6. Technical/Professional Certification details:

S No.	Certification Name	Date of Certification

7. Total R	Relevant Work Experie	ence (in years):			
8. Any of	her information releva	ant to the job:			
I certify the	hat the information gi	ven above is true and	d correct to the best of	f my knowledge.	
Date:			(Sign	nature of the Candida	ate)

SURYA TEJA FACILITIES MANAGEMENT PVT LTD