



We care services to your delight...

|                        |  |
|------------------------|--|
| Application Form No. : |  |
|------------------------|--|

Please tick the box  for which you are Applying:

|                          |                |                          |                    |                          |                 |                          |              |  |
|--------------------------|----------------|--------------------------|--------------------|--------------------------|-----------------|--------------------------|--------------|--|
| <input type="checkbox"/> | Comp. Operator | <input type="checkbox"/> | H. R. Manager      | <input type="checkbox"/> | ECG Technician  | <input type="checkbox"/> | Linen Keeper | Paste Recent Pass<br>Port Size Color<br>Photograph |
| <input type="checkbox"/> | Jr./Ac. Clerk  | <input type="checkbox"/> | Finance Manager    | <input type="checkbox"/> | CT Scan Asst.   | <input type="checkbox"/> | X-ray Asst.  |  |
| <input type="checkbox"/> | Cash Writer    | <input type="checkbox"/> | Bio. Med. Engg.    | <input type="checkbox"/> | OT Assistant    | <input type="checkbox"/> | Pharmacist   |  |
| <input type="checkbox"/> | Staff Nurse    | <input type="checkbox"/> | Sanitary Inspector | <input type="checkbox"/> | Lab. Assistant  | <input type="checkbox"/> | System Engg. |  |
| <input type="checkbox"/> | Nursing Asst   | <input type="checkbox"/> | Physiotherapist    | <input type="checkbox"/> | Lab. Technician | <input type="checkbox"/> |              |  |

Choice for Place of work -District : ( Write Name of District)

|   |  |   |  |   |  |   |  |   |           |
|---|--|---|--|---|--|---|--|---|-----------|
| 1 |  | 2 |  | 3 |  | 4 |  | 5 | Any Where |
|---|--|---|--|---|--|---|--|---|-----------|

Applicant Name: ..... (Surname) ..... (Name) ..... (Father's /Husband's Name)

(Father's /Husband's Name): ..... (Surname) ..... (Name) ..... (Father's /Husband's Name)

|                          |        |                          |      |                          |         |                          |           |                          |       |                          |          |
|--------------------------|--------|--------------------------|------|--------------------------|---------|--------------------------|-----------|--------------------------|-------|--------------------------|----------|
| <input type="checkbox"/> | Female | <input type="checkbox"/> | Male | <input type="checkbox"/> | Married | <input type="checkbox"/> | Unmarried | <input type="checkbox"/> | Widow | <input type="checkbox"/> | Divorcee |
|--------------------------|--------|--------------------------|------|--------------------------|---------|--------------------------|-----------|--------------------------|-------|--------------------------|----------|

|            |  |  |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|
| Mobile No. |  |  |  |  |  |  |  |  |  | Phone R |  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|

|               |   |   |   |   |   |   |   |   |                  |  |  |  |  |  |
|---------------|---|---|---|---|---|---|---|---|------------------|--|--|--|--|--|
| Date of Birth | D | D | M | M | Y | Y | Y | Y | Caste & Category |  |  |  |  |  |
|---------------|---|---|---|---|---|---|---|---|------------------|--|--|--|--|--|

|              |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|
| Pan Card No. |  |  |  |  |  |  |  |  |  | Aadhar Card No. |  |  |  |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|

Communication Address : House No... Name of Society .....

LandMark.....Area.....City.....

Dist.....Pincode.....State.....

Languages Known: (Read, Write and Speak).....

Educational Qualification :

| Degree/Certificate | Subject/Branch | Board/ University | Year | Percentage |
|--------------------|----------------|-------------------|------|------------|
|                    |                |                   |      |            |
|                    |                |                   |      |            |
|                    |                |                   |      |            |
|                    |                |                   |      |            |
|                    |                |                   |      |            |
|                    |                |                   |      |            |



We care services to your delight...

Experience :

| Designation | Organization / Company Name | Salary per Month | Reason of Leaving |
|-------------|-----------------------------|------------------|-------------------|
|             |                             |                  |                   |
|             |                             |                  |                   |
|             |                             |                  |                   |

To be filled by Candidates Applying for the Post – Security Guard: Details of Service in the Armed Forces

|   |  |
|---|--|
| A. Name of the Force Served (with Arm/Wing) |  |
| B. Date of Recruitment (dd/mm/yy)           |  |
| C. Date of Release (dd/mm/yy)               |  |
| D. Length of Service                        |  |

|              |  |                     |  |            |  |
|--------------|--|---------------------|--|------------|--|
| License No.: |  | Issued on           |  | Expired on |  |
| Licensed to  |  | Licensing Authority |  |            |  |

To be filled by Candidates Applying for the Post of Computer Operator (Tick at the selection)

|                |   |              |                            |
|----------------|---|--------------|----------------------------|
| Language Known | English / Gujarati / Hindi  | Typing Known | English / Gujarati / Hindi |
| Software known | M.S. Word / Excel / Power Point / Internet / Email / Google / Tally / |              |                            |

નીચેનો પેરેગ્રાફ સ્વ-હસ્તાક્ષરમાં લખવો. :

આથી હું મારા સ્વ-હસ્તાક્ષરમાં લખીને જણાવું છું કે, મેં અરજીમાં જણાવેલ ઉપરોક્ત વિગતો સંપૂર્ણ સાચી છે તથા Care International Multi Services Pvt. Ltd. CIMSPL ને મને હંગામી નોકરી અપાવવાના કામ માટે તેનો ઉપયોગ કરવા, અન્યત્ર જાહેર કરવાની લેખિત પરવાનગી આપુ છું.

.....  
.....  
.....

Please write following paragraph in your own hand writing:

I, hereby, declare that all information and particulars furnished in the application are true, complete and correct. I permit Care International Multi Services Pvt. Ltd. - CIMSPL to declare my given information elsewhere for the purposes of getting me Ad-hoc, contractually employed by the services of CIMSPL.

.....  
.....  
.....

(Signature) : .....

Full Name Of candidate: .....

Enclosure: (1) 2 Passport Size Color Photo.(2) Photo Id and Address Proof(3) Aadhar / Election Card (4) Ration Card (5) Degree Certificates (6)Experience Certificates (7) License Copies.