



Shri Mata Vaishno Devi Shrine Board, Katra

Katra-182301 Tehsil & Distt. Reasi (J&K)

www.maavaishnodevi.org Email admin@maavaishnodevi.org

Application for Employment

(To be filled in the candidate's own handwriting)

1. Post Applied for: _____
2. Name (Capital letters) _____
3. S/o, W/o, D/o Sh _____
4. Present Address: _____

Space for
photograph

5. Permanent Address _____
6. Date of Birth: _____ 7. Mobile/ LL. No. _____
8. Academic Qualification:

S. No.	Course	Year of Passing	University/ Board/ Institution	Whether concerned Institution is MCI recognized or not	%age Marks secured
1.	MBBS				
2.	Master in Hospital Administration				
3.	Post Graduate Degree in a Clinical Specialty				

9. Any other Technical/ Professional Qualification:

S. No.	Course Name	Passing Year	University/ Board	%age

10. Experience:

S. No.	Bed Capacity of Institution/ Hospital where served as Medical Superintendent	Whether concerned Institution is MCI recognized or not	Period		Number of Years
			w.e.f	upto	

11. Experience in any capacity other than as Medical Superintendent of a Hospital (already noted above), with requisite details. Please also mention any recognitions/ awards received, papers published, specific contributions made in the field of Hospital Administration etc. along with requisite details.
12. Any other detail/ information which the candidate wants to submit.

Signature of the Candidate