**APPLICATION FOR THE POST OF PAEDIATRICIAN SRI PADMAVATHI CHILDREN’S HEART CENTRE, S.V PRANADANA TRUST, TTD, TIRUPATI.**

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| **Proforma** | | | | | | | | | | | |
| 1 | Name of the Doctor | | |  | | | | | | | |
| 2 | Address of the applicant( Present) | | |  | | | | | | | |
| Address of the applicant( Permanent) | | |  | | | | | | | |
| 3 | Aadhar Number( Copy shall be enclosed) | | |  | | | | | | Passport size Photo to be  attached | |
| 4 | Mobile Number | | |  | | | | | | | |
| 5 | E mail address | | |  | | | | | | | |
| 6 | Nationality, Religion & Community | | |  | | | | | | | |
| 7 | Father’s name | | |  | | | | | | | |
| 8 | Date of Birth (copy of Certificate shall be enclosed) | | |  | | | | | | | |
| 9 | Educational Qualifications (copies of  Certificates along with marks card / list shall be enclosed) | | | Name of the Degree | Date of  issue of certificate | | Period of course | Name of the institution which has issued the degree (or) where the  Candidate studied. | Grade obtained | |  |
| 10 | Experience | | | Name of the | Cadre in which | | Date of Joining in | Date of Leaving | Period- No. of | |  |
|  |  | | | Institutio | service was | | the | the | years | |
|  |  | | | n where | rendered. | | service | service | for | |
|  |  | | | worked |  | |  |  | which  service | |
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| 11 | Achievements/ Awards | | | Name of the  Institutio n where | Cadre which  Award given. | in  was | Nature of research  documen t/ papers | Field of Researc h. | Name of the  medical journal | | Year of  awa rd / |
|  |  | | | recogniza |  |  | submitte |  | where | | publ |
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| 12 | A write experience publications | up | on and |  | | | | | | | |

I Son / Daughter / wife of Here by state that all the particulars mentioned above are correct and true. If any details furnished above, is found to be false or fake, at a later date, my appointment will be cancelled summarily and I will be liable for punishments as per rules in force.

*Date : Signature of the Applicant*