**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 beattached |
| 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 ofCertificates along with marks card / list shall be enclosed) | Name of the Degree | Date ofissue of certificate | Period of course | Name of the institution which has issued the degree (or) where theCandidate studied. | Grade obtained |  |
| 10 | Experience | Name of the | Cadre in which | Date of Joining in | Date of Leaving | Period- No. of |  |
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| 11 | Achievements/ Awards | Name of theInstitutio n where | Cadre whichAward given. | inwas | Nature of researchdocumen t/ papers | Field of Researc h. | Name of themedical journal | Year ofawa 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*