



Foundation of Healthcare Technologies Society

321,322,323 Somdatt Chamber-2, Bhikaji cama place, New Delhi-110066

Phone: 91- 8447292004 Website: fhts.ac.in

Registration No.: S/877/SDM/NW/2012

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APPLICATION FORM

Advt. No.:

Dated:

Application for the post of: _____

Name of the Project: _____

Category: SC ST OBC GEN EWS EXM

1. Name of the Applicant (in CAPITAL letters): _____

2. Sex : Male Female Others

3. Marital Status : Married Unmarried Divorced/ Widow

4. Father's Name : _____

5. Name of the Spouse : _____

6. Date of Birth : _____

7. Age as on last date of receiving application :

Days	Months	Years
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As per advertisement

8. Address for Communications : _____

: _____

: _____

Mobile No. : _____

Email : _____

9. Permanent Address : _____
 : _____ PIN _____
 _____ Telephone No. _____
 Mobile No. : _____

10. Nationality : _____

11. Educational Qualification: (Enclose attested photocopies of degree/diploma certificates & mark sheets)

Examination	Subjects	Board/ Council/University	%/ Division	Month & Year of Passing
X th (HSC)				
XII th (HSSC)				
Diploma (please mention duration one year/two years)				
Degree				
Graduation				
Others (M.Phil/Ph.D)				

12. Current Activities:

13. **Experience:** (Enclose copies of Work Experience Certificates)

Name of the Organization/ Institution where worked and Place	Status of Organization (Central/State/ Autonomous/ PSU)	Name of the Post held	Whether permanent /contractual	Period		Scale of Pay & Gross Pay Drawn	Nature of Work
				From	To		

(Use separate sheet if space is inadequate)

14. **Knowledge of computer applications, if any, please attach certificate/diploma/degree:**

15. **Details of publications with impact factor, if any:**

16. **Name and address of two referees well known with the applicant's work:**

Name	Occupation or Position	Address with telephone No. & e-mail
1.		
2.		

17. Details of relatives in NIP / ICMR if any :

Name	Post	Permanent/ contractual	Department	Telephone No. & e-mail

18. Any other information you wish to add :

19. Check List : (Please tick in the box given below as proof of enclosures.)

All Certificates must be attested and be attached in the following order:

- (i) Certificate in support of age (High School Certificate)
- (ii) Degree/Diploma
- (iii) Experience Certificate
- (iv) Caste certificate (If any).....
- (v) Documents relating to retrenched Govt. Employees/Departmental
(Including Projects)

DECLARATION

I, _____ declare that I have read the advertisement carefully and the information furnished above is true and correct to the best of my knowledge and belief and no related information has been concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated.”

Place:

Date:

(Signature of the applicant)

Full Name: