

KASTURBA HEALTH SOCIETY'S
MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES,
PO. SEVAGRAM: WARDHA (MS)

1) Name:

Apply for the post of:

2) Sex:

3) Correspondence Address:

4) Cast Category (attach copy):

5) Date of Birth:

6) Mob. No:

7) Email ID:

8) Qualification:

Qualification & Additional Qualification in the concerned subject	University	Year	Copy attached Yes or No

9) Experience:

Designation	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months	Certificate attached Yes or No

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Computer course (attach copy):

Date:

Signature of Applicant