VATSALYA NURSING AND RESEARCH INSTITUTE

(SOUTH GUJARAT MEDICAL EDUCATION & RESEARCH CENTER)

APPLICATION FORM

(For B.Sc. & GNM Courses)

Post: _____

(Principal/ Vice Principal/Professor/Associate Professor/ Assistant Professor/Tutor)

To,
The President,
South Gujarat Medical Education & Research Center, Surat
VATSALYA NURSING AND RESEARCH INSTITUTE
Ugat-Bhesan Road,
Mora Bhagal , Rander Road,
Surat -395005.

Ref.: An Application for the Post of a _____

Respected Sir,

With reference to the above, I would like to apply for the same post. My personal Details, Education qualifications and experience are given as under.

Personal Details

1. Full name of Candidate : _____
2. Address for communication: _____

   _____

   (IN BLOCK LETTERS) _____

   _____
3. Telephone No.: _____ Mobile No. : _____
4. Date of Birth : _____ 5. Age : _____
6. E-mail address : _____
7. Sex : Male / Female 8. Marital Status: Married/ Unmarried
9. Caste: _____ 10. Category: S.T./S.C./S.E.B.C./Open/Other
11. Nationality : _____
12. Languages Known: _____
13. Present Job : _____

Educational Qualification:

Name of Examination	Board/University	Year of Passing	Total Marks	Percentage	Class Obtained
GNM Final Yr					
P.B.Sc. Nursing Final Yr.					
B.Sc. Nursing Final Yr.					
M.Sc. Nursing Final Yr.					
Ph.D					

Details of Teaching Experience:

(A) Teaching Experience:

Sr. No.	Name of Institute	Teaching Post Held	Subject Taught	Date		Total Period		
				From	To	Yrs.	Mths.	Days
1								
2								
3								
4								
5								
6								
7								
Total Teaching Experience								

(B) *Clinical Experience:*

Sr. No.	Name of Clinical setting/ Hospital	Post Held	Date		Total Period		
			From	To	Yrs.	Mths.	Days
1							
2							
3							
4							
5							
6							
7							
Total Clinical Experience							

(C) *Research Publication:*

Sr. No.	State/ National/ International	No. Of Paper Published (Attach List Separately)	Year of Publication	Name of Journal	Whether journal is Indexed? (Yes/No)
1					
2					
3					
4					
5					
6					
7					

Name of Candidate: _____

Qualification: **Subject:**

Sr. No.	**Documents**	**Check list**			**Remarks**		
1.	Latest resume with Application (Pass port size Photo Compulsory)						
2.	10th Mark sheet						
3.	12th Mark sheet						
4.	Leaving Certificate						
5.	Graduation Mark sheet						
6.	Graduation Degree Certificate						
7.	Post-Graduation Mark sheet						
8.	Post-Graduation Degree Certificate						
9..	Course Completion Certificate						
10.	Registration Certificate with Renewal Slip						
11.	Additional Registration Certificate						
12.	NUID Certificate						
13.	Experience Certificate	Year	Month	Day	Teaching Experience	Clinical Experience	Total Experience
	- After Graduation						
	- After Post-Graduation						
14.	Research Paper Publication/ Acceptance Letter						
15.	NOC Certificate						
16.	Other Degree Certificate						
17.	Other Degree Mark sheet						

Undertaking

I declare that information started above is true to best of my knowledge. If above Information is found to be false, I am bound to obey the decision of selection committee.

Place:

Date: **Signature of Applicant**

Note:

1. Attach **all self attested** Academic documents along with application form.
2. If space is not sufficient to write in application form attach annexure separately if needed.