



Aravind Eye Hospital
& Postgraduate Institute of Community Ophthalmology

APPLICATION FOR EMPLOYMENT
(Please fill in **BLOCK LETTERS**)

Personal Details

Name:		
Gender: Male / Female	Date of birth: / /	Age:
Nationality:	Religion:	Community:
Marital Status: Single / Married / Divorced / Widowed		
Permanent address:		
Postal address:		
Telephone No.:	Mobile No.:	
Email id (if any):		
Post(s) applied for :		

Academic Qualifications

Qualifications obtained	Name of school/Institution/university	Percentage of Marks	Month & Year of passing

Technical Qualifications & Training

Give details of any specialized training received / personal development courses attended / other qualifications and skills acquired (including, computer packages, driving, tailoring, typing etc..)

Note: Any academic or technical projects undertaken may be described on a separate sheet.

Languages Known:

(Please tick the appropriate box)

Languages	Write	Read	Speak
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment Experience:

(Give details of all positions held since completion of your full time education. Start with your present or most recent position and work backwards)

Current Employer:

Dates		Name of employer	Position held	Gross Salary	Reason for leaving or wanting to leave
From	To				

Previous Employers:

Dates		Name of employer	Position held	Gross Salary	Reason for leaving or wanting to leave
From	To				

Additional Information and Comments

Do you have any physical handicap or permanent / persistent health problems? Please give details	
Have you ever worked at an Aravind Institution? Is anybody employed at Aravind known to you? – Please give details	
Expected Salary:	
When would you be available to start work, if you were offered a position?	
Please give the names and address of two persons who are in a position to comment on your professional/work ability, one from your current or last employer. Please indicate if they may be approached now by marking a tick in the box	
Name 1 :	Name 2:
Address:	Address:
Telephone No.:	Telephone No.:
Position :	Position :

<p>Please describe your reasons for applying and provide any other information that would help in your selection. (Use separate sheet if necessary)</p>

I hereby declare that all the particulars given in this application are true to the best of my knowledge and belief.

Date:
Place:

Signature of applicant