Paste Color Photograph here of

Identity Card Size

	PERSONAL	DATAFUE	<u>1-171 1</u>			
1. Hospital Name :						
•	1		2. N.I.C.	No.		
2A. Employee Code				=		=
	3. Emp	loyee Name				
4. BPS	5. D	esignation Descri	ption			
6. Father's / Husband's Name						
✓ 7. Gender	8. Date	of Birth]	9.	Religion	
Male Female	-	-			3	
✓ 10. Marital Status	11. Family Size	12. Blood		√ 13	. Medical	Facility
Single Married	Size	Group		MF		СМА
14. Highest Academic Qu	alification	15. High	est Profe	ssional	Qualificati	ion
		<u></u>				
16. D.P.E Passed 17. Tra			ning for F	Promotic	on	
	18. Languages (R)	ead. (W) rite. S (r	peak)			
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1	9. Home Address		S			
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1 20. C	7 S 9. Home Address urrent Office Name	R W	S ephone N d Telepho	No.		e (s)
1 20. C	Y S 9. Home Address 9. Home Addr	R W	S ephone N d Telepho	No.	9-A. Phon	e (s)
1 20. C	/ S 9. Home Address 9. Home Address urrent Office Name tial posting office N 23. Date of a 1 - 1	R W	S ephone N d Telepho 24. Domi	No.	9-A. Phon	e (s)
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DECLARATION: I hereby declare that the information given in this Form-I is true & correct to the best of my knowledge & belief.