

**SRI SATHYA SAI INSTITUTE OF HIGHER MEDICAL SCIENCES,  
EPIP Area, Whitefield, Bangalore-560066  
(Accredited by the National Board of Examinations)  
PHONE NO. 080-28411500: Ext: 415 FAX 080-28411502  
Website: www.wfd.sssihms.org.in  
Email: humanresourcesblr@sssihms.org.in**

**APPLICATION FORM FOR VACANT POSTS IN SSSIHMS, WHITEFIELD**

1. POST APPLIED FOR:

2. DATE OF APPLICATION

3. ADVERTISEMENT REFERENCE.

**Passport size photo  
Duly signed  
By candidate  
  
Self Attested**

**I. PERSONAL DETAILS:**

1. NAME OF THE CANDIDATE   
(IN Block Capitals):

2. MARITAL STATUS:  NATIONALITY:

3. FATHER/HUSBAND'S NAME:

4. DATE OF BIRTH (D/M/Y):

5. PERMANENT ADDRESS:  
(In Block Capitals)

6. PRESENT POSTAL ADDRESS;  
(In Block Capitals)

7. PHONE # (STD CODE)

8. MOBILE #:

9. E.MAIL Id (clear & legible):

## **II. EDUCATIONAL QUALIFICATION DETAILS**

Sl. No.	Courses/ Degrees	School/College	Board/University	Pass(Year/ Month)	Grade/ %age of Marks

## **III. EMPLOYMENT DETAILS:**

Sl No.	Institution/Hospital	Department/ Specialty	Designation	Worked	
				from	To

## **VI. REFERENCES IF ANY:**

(Name, Designation, Hospital/Home Address, Phone/Mobile No., E.mail ID etc., to be given)

1.

2.

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I, \_\_\_\_\_, certify that the information/details given above are correct and true to the best of my knowledge and belief.

Place: \_\_\_\_\_

Signature: \_\_\_\_\_ (Name in block capitals)

Date: \_\_\_\_\_

Enclosures: 1. Copies of Certificates (Date of Birth, Educational/Technical qualifications and Experience):

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

(e) \_\_\_\_\_

(f) \_\_\_\_\_

2. Passport size photographs (2 Nos.)