

APPLICATION FOR THE POST OF {PHYSIOTHERAPIST, RECEPTIONIST, DRIVER}

SUPREME PHYSIO SOLUTIONS INDIA PVT LTD

SPACE FOR OFFICE USE ONLY  
APPLICATION NO.....

RECENT  
PASSPORT  
SIZE PHOTO

1. POST APPLIED FOR:
2. NAME OF APPLICANT (IN BLOCK LETTER):
3. NAME OF FATHER:
4. DATE OF MONTH (DD/MM/YY):
5. SEX:
6. NATIONALITY:
7. RELIGION:
8. PHONE NO & MAIL ID:
9. WHETHER BELONG TO SC/ST/GEN/OTHERS:
10. PERMANENT ADDRESS:
11. PRESENT MAILING POSTAL ADDRESS:
12. EDUCATIONAL QUALIFICATION:


13. ANY OTHER TECHNICAL QUALIFICATION:

14. EXPERINCE OF WORK:

15. WHETHER EMPLOYED OR NOT?IF EMPLOYED GIVE DETAILS:

16. LIST OF ENCLOSURE:

#### DECLARATION

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after interview, my candidature will stand cancelled and all claim for recruitment forfeited And I have read and fully understand terms and conditions of this job.

Date:

Place:

Full Signature of the Candidate

Note:

1. The form should be filled in by the candidate in own hand writing neatly and legibly in BLOCK LETTERS. It should be completed in all respect and should be accompanied with certified copies of testimonials.
2. The post applied for should be written clearly in column No.1 of the application form.
3. If anyone who does not fulfill the minimal qualification or the other qualification chooses to apply will be debarred and for which the department accepts no responsibility.

4. Candidate in service must submit their application through proper channel with the following certificate duly signed by their employers agreeing to release them in case of finally selected for the post in SUPREME PHYSIO SOLUTIONS INDIA PVT LTD.