



EMMANUEL HOSPITAL ASSOCIATION

APPLICATION FORM FOR PROFESSIONAL STAFF

Attach recent photo

Post applied for: _____

जिस पद के लिये आवेदन भरा है

- Medical Administration
 Nursing Paramedical
 Community Health and Development
 Others

1. Personal Data (व्यक्तिगत जानकारी)

Title: Dr/ Rev/ Mr/ Ms.

Sex: Male / Female

First name _____ Middle name _____ Family name _____

Father's / Husband's Name _____ Occupation _____

Date of birth: _____ Place of birth: _____ State: _____

Permanent address: _____

Present address: _____

Phone: Office: _____ Home: _____ Mobile: _____

E-mail: _____ Fax _____

Marital status: Single / Married / Widowed / Divorced

Number of dependent children & their ages: Number: _____ Ages: _____

Any other dependent(s) & their age(s): _____

2 a. Educational & Professional Qualification (शैक्षिक व व्यावसायिक योग्यता):

| Name and Address of Institution | Period of study | | Degree –diploma certificates obtained (Include subject and grade) | Date of completion | Class / percentage |
|---------------------------------|-----------------|----|--|--------------------|--------------------|
| | From | To | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

2 b. Please state details of any special awards, scholarships or commendations you have received:

(जो विशेष पुरस्कार, छात्रवृत्ति या प्रशंसा आपको मिली है उसे लिखें)

| Particulars | Year | Awarded by |
|-------------|------|------------|
| | | |
| | | |

2 c. List of short courses you have participated in the last five years:

(पिछले पाँच वर्षों में जो छोटे कोर्स आपने किये हैं उनकी सूची बनाएँ)

| Name of course | Duration of the course | Conducted by | Place |
|----------------|------------------------|--------------|-------|
| | | | |
| | | | |

3 a. Previous Experiences and Service Record (In the last 15 years)

पिछले अनुभव व नौकरी का लेखा-जोखा। (पिछले 15 वर्षों का)

| Name and Address of the Organisation | Post Held (include key responsibilities) | Period | | Last Salary Drawn | Reason for Leaving |
|--------------------------------------|--|--------|----|-------------------|--------------------|
| | | From | To | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

For Additional experience kindly attach a separate sheet (अतिरिक्त अनुभव के लिए कृपया एक अलग पृष्ठ लगाएं)

3 c. Last Two Employers detail (पिछले दो नियोक्ताओं की जानकारी)

| Organisation | Supervisor's Name | Telephone Number | Email-Address |
|--------------|-------------------|------------------|---------------|
| | | | |
| | | | |

3 d. What are your hobbies, talents and gifts? (आपके प्रतिभा, शौक या गुण क्या है?)

3 e. Have you ever been convicted or accused of a Crime? If yes then kindly give details. (क्या आप कभी भी दोषी ठहराय गये हैं? या आपके ऊपर अपराध का आरोप लगा है? यदि हाँ तो कृपया स्पष्ट करें।)

3 f. Have you worked in a state other than your own? YES / NO. If yes, give details.

(क्या आपने अपने राज्य से बाहर कार्य किया है? हाँ/नहीं, अगर हाँ तो व्याख्या करें)

4. Languages (भाषा):

a) Speak, read, write _____ b) Speak only _____

5. Details of any relatives working for EHA (आपके जो रिश्तेदार ई.एच.ए. में कार्यरत हैं, उनकी जानकारी):

| Name | Designation | Relationship to applicant | Name of EHA Unit / Project | Length of service in EHA |
|------|-------------|---------------------------|----------------------------|--------------------------|
| | | | | |

6. Religious Matters (धर्म सम्बन्धी):

a) Religion _____ If Christian, state Church & denomination _____

धर्म अगर मसीही हैं, तो कलीसिया बताएँ

b) Describe the experience of your faith now : (To write more about your testimony you can use additional sheet)

अपने विश्वास के अनुभव को व्यक्त करें - गवाही लिखें : (अपनी गवाही के बारे में विस्तार से लिखने के लिए आप अतिरिक्त पृष्ठ का उपयोग कर)

c) Are you willing to work with Christians of other denominations ?

क्या आप दूसरे पंथ के मसीहियों के साथ कार्य करने में इच्छुक हैं ?

Yes / No

हाँ / नहीं

d) Are you willing to subscribe to EHA Mission and Vision ?

ई.एच.ए. के मिशन और विज़न के अनुमोदन के लिये क्या आप इच्छुक हैं ?

Yes / No

हाँ / नहीं

e) Please comment on EHA's Vision and Mission statements :

ई.एच.ए. के मिशन और विज़न के कथन पर प्रकाश प्रकट करें

7. HEALTH (सेहत)

a) Do you have any health problems at present – Yes/No. If Yes please state them

क्या आपको अभी कोई शारीरिक परेशानी है- हाँ/नहीं, अगर हाँ तो उसे बताएँ

b) In the past five years list out major illnesses you had

पिछले पाँच वर्षों में जो बड़ी बीमारियाँ आपको हुईं, उनकी सूची बनाएँ

c) Is there any illness in your family which need your constant attention: Yes / No (if Yes Please mention) क्या आपके घर में ऐसी कोई बीमारी है जिसे लगातार ध्यान देने की आवश्यकता है: हाँ/नहीं (अगर हाँ तो बताएँ)

d) Do You consume any of the following: Alcohol / Tobacco / Drugs: (if Yes, Please specify)

Yes / No

शराब / धूम्रपान / तंबाकू / नशीले पदार्थ – क्या आप इनमें से किसी का उपयोग करते हैं: हाँ / नहीं (यदि हाँ, कृपया स्पष्ट करें।)

8. Other Considerations (दूसरे विचार)

a) What led you to apply for a post in EHA? (ई.एच.ए. के पद के लिये आवेदन देने हेतु किस ने आपकी अगुवाई करी?)

b) Are you willing to serve in EHA units situated in any part of India?

क्या आप ई.एच.ए. की किसी भी ईकाई में कार्य करने के इच्छुक हैं जो पूरे भारत में है?

Yes / No

हाँ/नहीं

c) If no, give reasons (अगर नहीं, तो कारण बताएँ):

9. Interview (साक्षात्कार)

- a) If you are selected at interview, how soon can you join EHA? _____
(अगर आप साक्षात्कार में चुन किये जाते हैं तो कितनी जल्दी आप ई.एच.ए. में जुड़ेंगे?)
- b) Duration of appointment desired? _____
(कार्य आरम्भ करने की समय सीमा?)

10. References (प्रमाणपत्र)

| Particulars | Reference 1 | Reference 2 | Reference 3 |
|----------------------|---|---|---|
| | A professor or senior officer to whom you have been responsible within the past 12 months | Your present pastor or spiritual leader | Someone (other than a relative) who has known you during the past 5 years |
| State their position | | | |
| Full name | | | |
| Address | | | |
| Telephone number | | | |
| E-mail address | | | |

11. Other Supporting Information (दूसरी सहायतार्थ जानकारी)

Any further information about yourself that you would like to give in support of your application:

Copies of certificates to be attached:

- a) High school certificate
b) Proof of age
c) Certificates of qualification(s), & experience
d) Registration certificate (if applicable)
e) Kindly Attach Your last Two pay slips

If a nurse, doctor or paramedical, Registration Number _____

State Registration Authority _____

12. Declaration

I hereby certify that all the foregoing information are true to the best of my knowledge and belief and in case it is found out that any information provided by me is incorrect or wrong or false or fabricated I am liable to be terminated from the appointment if granted.

Signature: _____

Date _____

FOR OFFICE USE ONLY

Date received:

References called for on:

References received: 1) _____

2) _____

3) _____

Interview date:

Interviewed by :

Interview outcome: Selected / Rejected

Joining date:

Date form forwarded to unit :

Any other remarks :

INFORMATION SHEET (NOT TO BE RETURNED)

1. The application form should be completed in the applicant's own handwriting.
2. Completed application form should be sent to:

**Emmanuel Hospital Association,
808/92 Deepali Building,
Nehru Place,
New Delhi 110019.**

3. The Vision of EHA is "Fellowship for Transformation through Caring."
4. The Mission Statement of EHA:
EHA is a fellowship of Christian institutions and individuals that exists to transform communities through caring, with primary emphasis on the poor and the marginalized.

We care through

- Provision of appropriate health care
- Empowering communities through health and development programs
- Spiritual ministries
- Leadership development.

We serve people and communities regardless of race, caste, creed or religion with a geographical focus of North, Northeast and Central India.

We do this in the name and spirit of Jesus Christ so as to manifest Him through word and deed.

Our Core Values are

- We strive to be transformed people and fellowships
- Our model is servant leadership
- We value team work
- We exist for others especially the poor and marginalize
- We strive for the highest possible quality in all our services
- We maintain integrity at all levels
- We strive to be transparent organization
- We focus on accountability

5. Dependent children are those children up to 21 years if not working or not married.
6. Other dependents are those close relatives like parents and siblings who are staying with you or dependent on you.