



EMMANUEL HOSPITAL ASSOCIATION

APPLICATION FORM FOR PROFESSIONAL STAFF

Post applied for: _____ ☐ Medical ☐ Administration

किस पद के लिए आवेदन भरना है?

☐ Nursing ☐ Paramedical

☐ Community Health and Development ☐ Others

Attach recent photo

1. Personal Data (व्यक्तिगत जानकारी)

Title: Dr/ Rev/ Mr/ Ms.

Sex: Male / Female

Full Name _____
(As per 10th certificate / दसवीं की मार्क शीट के अनुसार)

Father's / Husband's Name: _____ Father's / Husband's Occupation: _____

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

Permanent address: _____

Present address: _____

Phone: Office: _____ Home: _____ Mobile: _____

E-mail: _____

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 of the Course/Qualification	Name of school/college	Period of Study		Date of Completion	Regular/ Distance/Online	Grade/ Percentage
		From	To			
10 th						
12 th						
Diploma						
Under graduate						
Post graduate						
Additional Course						

2 b. Please state details of any special awards, scholarships or commendations you have received: (विशेष पुरस्कार, छात्रवृत्ति का वर्णन करे)

Particulars	Year	Awarded by

2 c. List of short courses you have participated in the last five years: (बीते पाँच वर्षों में जो लघु कोर्स आपने किये हैं उनकी सूची दें)

Name of course	Duration of the course	Conducted by	Place

3 a. Previous Experiences and Service Record (In the last 10 years)(पिछले १५ वर्षों तक का नौकरी का लेखा- जोखा दें)

Name and Address of the Organization	Post Held (including key responsibilities)	Period		Last Salary Drawn	Reason for Leaving
		From	To		

For Additional experience kindly attach a separate sheet (अतिरिक्त अनुभव के लिए कृपया अलग पत्रे का प्रयोग करें)

3 b. Last Two Employers detail पिछले दो नियोक्ताओं की जानकारी दें)

Organisation	Supervisor's Name	Telephone Number	Email-Address

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

3 d. Have you ever been convicted or accused of a Crime? If yes, then kindly give details.(क्या आपको कभी किसी अपराध का दोषी या आरोपी बनाया गया है? यदि हाँ, तो कृपया विवरण दें)

3 e. Have you worked in a state other than your own? YES / NO. If yes, give details. (क्या आपने अपने राज्य से बहार कार्य किया है? हैं/ नहीं , अगर हैं तो व्याख्या करें)

4. Languages (भाषा)

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

Details of any relatives working for EHA (यदि आपके कोई रिश्तेदार इ.एच. ए. में कार्यान्वित हैं तो जानकारी दें):

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

▪ Religious Matters (धर्म सम्बन्धी)

Religion _____ If Christian, state Church & denomination _____
धर्म _____ अगर मसीही है, तो पंथ बताएँ

If Christian, 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 : (अपनी गवाही के बारे में विस्तार से लिखने के लिए आप अतिरिक्त पृष्ठ का उपयोग करें)

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

Yes / No

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

हा / नहीं

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

Yes / No

क्या आप ईएचए मिशन और दर्शन को मानने के लिए आप तैयार हैं ?

हा / नहीं

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

ई. एच. ए. के मिशन और दर्शन के कथन पर टिपणी दें।

7. HEALTH (स्वास्थ्य)

a. Do you or your spouse or your children have any health problems at present – Yes / No.

If Yes, please state them (क्या वर्तमान में आपको कोई स्वास्थ्य सम्बंधित समस्या है? यदि हाँ तो कृपया यहाँ लिखिए) :

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

पिछले पाँच वर्षों में जो बड़ी बिमारियाँ आपको हुई, उसकी सूची बताएं

c) Is there any illness in your family which need your constant attention: Yes / No (if Yes Please Mention)

क्या आपके घर में किसीको 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)

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

2. Other Considerations (अन्य विचार)

a. Who led you to apply for a Post in EHA? (क) आपको इ एच ए में आवेदन भरने के लिए किसने प्रेरित किया?)

b. Are you willing to Serve in EHA unit situated in any part of India?

Yes / No

क्या आप ई एच ए की किसी भी इकाई या अस्पताल में काम करने के लिए इच्छुक हैं ?

हाँ / नहीं

c. If no, Give reason (अगर नहीं , तो कारण बताएँ) : _____

9. Interview (साक्षात्कार)

a) If you are selected at interview, how soon can you join EHA? _____

यदि आपका चयन हो जाता है तो कितनी जल्दी आप संस्था में काम प्रारम्भ कर सकते हैं ?

b) How long would you wish serve in EHA? _____

कितने समय तक आप ई एच ए में काम करना चाहेंगे ?

10. References

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			

Above mentioned references shall be contacted for reference check

11. Other Supporting Information

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 | f) AADHAAR and PAN card |

If a nurse, doctor or paramedical, Registration Number_____

State Registration Authority_____

12. Declaration

I hereby certify that all the above information given by me in this application form is 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 fully understand and accept that I will be liable to be terminated from my employment with EHA.

Signature:

For Office Use Only

Date received:

References called for on:

References received: 1)

Interview date:

Interviewed by :

Interview outcome: Selected / Rejected

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. Only first three children
6. Other dependents are those close relatives like parents and siblings who are staying with you or dependent on you.