

**GAIMS**Gujarat Adani Institute  
of Medical Sciences

# Gujarat Adani Institute of Medical Sciences

## Employment Data Form

Please affix  
recent passport  
size photograph

Name: \_\_\_\_\_  
(Surname) (First name) (Middle name)

Position applied for	:
Department	:
Location	:

**A. Personal Data**

1. Name: \_\_\_\_\_

2. Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

3. Blood Group: \_\_\_\_\_

4. Present Address \_\_\_\_\_ Permanent Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Contact No: (M) \_\_\_\_\_ Office \_\_\_\_\_ Resi. \_\_\_\_\_

6. E-mail Address: \_\_\_\_\_

7. PAN Number: \_\_\_\_\_ Aadhar Card No. \_\_\_\_\_

8. Passport Number: \_\_\_\_\_ Valid up to: \_\_\_\_\_

9. Nationality: \_\_\_\_\_

10. Domicile Details: State of Origin: \_\_\_\_\_  
(Indian Nationals) State of domicile: \_\_\_\_\_ Since: \_\_\_\_\_ yrs.

12. Identification Mark: \_\_\_\_\_

13. Religion: \_\_\_\_\_

14. Category: \_\_\_\_\_ General  ST  SC  OBC  Other

15. Marital Status: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

**16. Details of Family Members**

Sr. No.	Name	Relationship	Date of Birth	Occupation	Name of Employer	Dependent YES / NO
1						
2						
3						
4						
5						

17. Languages Known:

Mother Tongue: \_\_\_\_\_

Hindi

English

Regional / Vernacular / Other Pl. mention:  
\_\_\_\_\_

Read:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Speak:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Write:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. Hobbies & Interests: \_\_\_\_\_

19. Please mention physical challenges, if any \_\_\_\_\_

**B. Education and Training**

1. Educational Record: (starting with SSC/ equivalent). Please mention "PT" for part-time and "DL" for distance learning courses in the second column

Sr. No.	Degree/Diploma Certificate	Year of Passing	School/College Board/University	No. of Attempts	Duration of course	Principal Subjects	Percentage / Grade

2. Registration Details:

Sr. No.	Degree	Registration No.	Council / State	Valid till

3. Details of Research Publications:

Sr. No.	State/National/ International Journals	Name of Papers Published	Year of Publication	Journal Name	Journal Indexed (Yes/No)

**4. Specialized Training / Certification/s:**

Sr. No.	Institute / Organisation	Name of Course / Certificate	Period		Subject(s)
			From	To	

**5. Details of membership in professional bodies / institutions:**

Sr. No.	Institute / Organization	Type of membership	Remarks

**C. Employment History**

1. Total Experience: \_\_\_\_\_ Years \_\_\_\_\_ Months

2. Particulars of employment (starting from current employer):

Name & Location of employer	Period of Service		Designation		Broad / Major Responsibilities
	From (dd/mm/y)	To (dd/mm/y)	Initial	Last	

Please use additional sheets if required.

Please give your current remuneration details on the last page of this form.

2. Your present job responsibilities:

---



---



---



---



---

**3. Present organization structure:**

Kindly circle your position and indicate your reporting relationship i.e. person to whom you report and who reports to you.

**D. General Information:**

**1. Significant achievements: distinctions/ honor/ awards received / Books**

Year	Details

**2. What, according to you, are your strengths and areas for improvement?**

<b>Strengths:</b>
<b>Areas for improvement:</b>

**3. Reason for contemplating a change from the present job.**

\_\_\_\_\_

**4. Reason for seeking appointment in the Adani Group**

\_\_\_\_\_

**5. Any other information you would like to offer, including other / personal details / Special achievements, if any**

\_\_\_\_\_

**6. Are you prepared to relocate to any of our businesses / locations in India / Abroad?**

Yes  No

**7. Are you related to any employee / associate of Adani Group?**

Yes  No

If yes, give details below:

Name(s) : \_\_\_\_\_

Company /Business & Location: \_\_\_\_\_

Department: \_\_\_\_\_

Designation: \_\_\_\_\_

Nature of Relationship/Acquaintance: \_\_\_\_\_

Note: Please furnish full details of all persons related or known to you. Attach/use additional sheet if required.

**8. Have you been interviewed by us / any of our group companies in the past?**

Yes  No

If yes, give below details

Position: \_\_\_\_\_

Department / Function: \_\_\_\_\_

Location: \_\_\_\_\_

Company: \_\_\_\_\_

**9. Pl give details of any illness / major surgery you may have suffered / undergone during last 5 yrs., requiring hospitalization / prolonged treatment.**

Nature of illness	Period of hospitalization / treatment	Name & Address of Hospital / Doctor

## 10. References:

Please give references. (At least, one professional and one personal reference)

<b>Name</b>			
<b>Address</b>			
<b>Occupation</b>			
<b>Contact No.</b>			
<b>E Mail</b>			

---

### Self-Declaration

I \_\_\_\_\_ of age \_\_\_\_\_ years and upwards, hereby solemnly and sincerely declare as follows:

- I make this Declaration in relation to my interview / appointment in GAIMS
- I hereby declare that no convictions have been recorded against me, either within the Republic of India or elsewhere.
- I also further declare that there have been no prosecutions, successful or not, pending or completed, against me, either within the Republic of India or elsewhere.
- I hereby declare to the best of my knowledge and belief, there is nothing in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust and confidence in which I would be placed.
- If any information is found to be suppressed, misrepresented or false, I shall be responsible for the resultant consequences and shall render myself liable to disciplinary action including termination of service without any compensation / notice.

**Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Current Remuneration details:**

Please give details of your current remuneration in the first blank column:

	<b>Details</b>	<b>Per Month</b>	<b>Per Annum</b>
<b>Fixed</b>	Basic Salary		
	House Rent Allowance		
	Dearness Allowance		
	Conveyance Allowance		
	Children Education Allowance		
	Canteen Allowance		
	Other Allowance		
	Any Other		
	<b>TOTAL (A) : Fixed</b>		
<b>Reimbursements</b>	Petrol Expenses		
	Medical Reimbursement		
	LTA / LTC		
	Any Other		
	<b>Total (B): Reimbursements</b>		
<b>Retirals</b>	PF (Employer Contribution)		
	Superannuation		
	Gratuity		
	Any Other		
	<b>TOTAL (C) : Retirals</b>		
<b>Annual / Deferred Payments</b>	Bonus / Ex-gratia		
	Performance Linked Incentive		
	Any Other		
	<b>TOTAL (D) : Annual / Deferred Payments</b>		
<b>GRAND TOTAL</b>			
<b>% Hike Expected</b>			
<b>Expected CTC</b>			
Notice Period			
Joining time required			

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature: \_\_\_\_\_