



DISTRICT HEALTH & FAMILY WELFARE SOCIETY, THYCAUD,
TRIVANDRUM

Selection for the post of EMT(Emergency Medical Technician) on daily wages
(108 Ambulance)

To be filled by the Candidate

Name	
Age and Date of Birth	
Residential Address	
Tel/Mob Number	

Passport size photograph with signature

Educational Qualification

Sl. No	Course	Institution	University	Year Pass out	% of Marks obtained

Experience details:

Name of organization	Period from	Period upto	Designation & Nature of Job	Present / Last Salary

References:

Sl. No.	Name & Designation	Phone Number	E-mail

Kerala Nursing Council Registration Details:

Sl. No	Registration Number	Year of Registration	Validity

*Note: Please attach self-attested copies of all Academic Certificates, Age proof, Experience Certificates, Kerala Nursing Council Registration Certificate & Identity Proof.

** Selected candidate should submit Character Certificate, Medical Certificate, Police Clearance Certificate & Agreement. Format of all the above will be issued from this institution.

I hear by declare that the details furnished above are true and correct to my knowledge and belief.

Place

Signature:

Date:

Name: