



DISTRICT HEALTH & FAMILY WELFARE SOCIETY, THYCAUD,
TRIVANDRUM

Selection for the post of Pilot / Driver 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 to	Designation & Nature of Job	Present / Last Salary

Reference:

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

Driving License Details (Heavy):

License No. :	
Badge No. :	
Non-Transport	Valid From:
	Valid To:
Transport	Valid From:
	Valid To:

*Note: Please attach self-attested copies of all Academic Certificates, Experience Certificates, Driving License Copy and Identity Proof.

** Selected candidate should submit Character Certificate, Age proof, Medical Certificate, and 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:

