| BROADCAST ENGINEERING CONSULTANTS INDUCES A Gord of dial Entropying Marine 1000 Control of the String Star (2004) Star (2004) The Star (2004) Control office ECCL Break (2004) With 1000 Presented the dealtin on prescribed educational professional as well as experience requirements for the versional professional before filling in the form 1. Registration for the post of: PATIENT CARE MANAGER PATIENT CARE COORDINATOR 1. Registration for the post of: Patient's/Husband's Name (Please tick the appropriate): | office Use: | Reg. | No | • | | | | | Do | ate | d | : | | | | | | | F | ee | :_ | | | | | | | | | | | | |
|--|------------------|------------|---------|-------|---------|----------|-----------------------|-------------------------|-------------------------------------|---|------------------------------------|--|--|----------------------------------|--|------------------------------------|----------------------------------|-------------------------------|-------------------------------|----------------------|---------------------|------------------------|------|------|-----|-------|-----|-----|--------|----------|-----------|---------------|----|
| (Imp: Please read the details on prescribed educational, professional as well as experience requirements for the various professionals before filling in the form] 1. Registration for the post of: PATIENT CARE MANAGER PATIENT CARE COORDINATOR 2. Name - Mr. / Mrs. / Miss. (Please tick the appropriate) | | | | _ | | ۲ Off | lead Tel ice: E | Offic : + 9 BECII | e: 1 1(11 _ Bh Tel: | (A (4-B, 1) 23 nawa 012 | Go Ri 37 n, 0-4 | v t. of ng Ro 8823 C-56, 1778 | f Ind bad, -25, A/ 50 | dia , I.F Fa 17, Fax | Ente P. Es ax No Sec x : 0 | erp tate 0. + tor- 120 | rise e, N 91 62, -41 | e) lew (11 No 778 | Dell) 233 ida - 879 | ni-1 3798 - 20 | 1000 385 1307 |)2 7 U ¹ | | | | |) | | р | r ass | ece po | ent rt siz | ze |
| 1. Registration for the post of: PATIENT CARE MANAGER PATIENT CARE COORDINATOR 2. Name - Mr. / Mrs. / Miss. (Please tick the appropriate) | | 4 F | | | | | | | (R | EG | IS | STR | ΑΊ | [] | ON | F | 0 | RN | 1) | | | | | | | | | | | | | | |
| 2. Name - Mr. / Mrs. / Miss. (Please tick the appropriate) First Name Middle Name 2. Father's/Husband's Name (Please tick the appropriate): 4. Date of Birth: Day Month Year 5. AGE: 6. PAN No. (compulsory) 7. Aadhar No. (compulsory) 8. Category: General OBC SC/ST 9. Marital Status: Married 10. Nationality: 11. Religion: 12. Permanent Address for Communication: Pin Code Pin Code | (Imp: Please rea | d the deta | ails on | presc | ribed e | educa | ationa | l, prot | essi | ional | as | well a | s ex | per | ience | rec | quire | eme | nts f | or th | e vai | riou | s pr | ofes | sio | nals | bef | ore | fillin | ng in | the | form) | |
| First Name Middle Name Last Name 3. Father's/Husband's Name (Please tick the appropriate): 4. Date of Birth: Day Month Year 5. AGE: 6. PAN No. (compulsory) 7. Aadhar No. (compulsory) 8. Category: General OBC SC/ST PH 9. Marital Status: Married Unmarried 10. Nationality: 11. Religion: 2. Yesent Address for Communication: 2. Yesent Address for Communication: 2. Pin Code 2. Permanent Address (if any): 2. State 2. Year 3. Fermanent Address (if any): 2. State 2. Pin Code 3. E-Mail Address (Capital Letters): | 1. Registi | ration f | for th | ne po | ost c | of: | PA | TIEN | IT (| CAF | RE | MA | NA | G | ER | | | | PA | TIE | NT | C | ٩R | ΕC | 0 | OR | DI | NA | тс | DR | | | |
| 3. Father's/Husband's Name (Please tick the appropriate): 4. Date of Birth: Day Month Year 5. AGE: 6. PAN No. (compulsory) 7. Aadhar No. (compulsory) 8. Category: General OBC SC/ST PH 9. Marital Status: Married 10. Nationality: 11. Religion: | 2. Name | - Mr./ | Mrs | . / м | iss. | (Ple | ase | tick | th | e ap | op | ropr | iat | e) | | | | | | | | | | | | | | | | | | | |
| 4. Date of Birth: Day Month Year 5. AGE: 6. PAN No. (compulsory) | Fi | irst Na | me | | | | | | Μ | iddl | e | Nam | e | | | | | | | | Las | st I | Var | ne | | | | | | | | | |
| 6. PAN No. (compulsory) | 3. Father' | s/Hust | band | 's N | ame | (PI | ease | e tic | k ti | he a | p | orop | ria | te) |): | | | | | | | | | | | | | | | | | | |
| 7. Aadhar No. (compulsory) | 4. Date of | f Birth: | | |] D | ay | | |] N | /lon | th | [| | | | |]' | Yea | ar | | 5. | AG | E: | | | | | | | | | | |
| 8. Category: General OBC SC/ST PH 9. Marital Status: Married Unmarried 10. Nationality: 11. Religion: | 6. PAN | No. (co | omp | ulso | ry) | | | | | | | | | | | | | | | | | | | | | | | | | | | |] |
| 9. Marital Status: Married Unmarried 10. Nationality: 11. Religion: | 7. Aadh | har No. | (cor | npu | lsory | /) | | | | | | | | | | | | | | | | | | | | | | | | | | |] |
| 10. Nationality: 11. Religion: 13. Present Address for Communication: Image: City Image: City < | 8. Catego | ory: | [| | Gene | eral | | C | вс |) | | s | SC/ | ST | Г | | | Pł | ł | | | | | | | | | | | | | | |
| 13. Present Address for Communication: | 9. Marital | Status | s: [| r | Marri | ied | | _ | Jnı | mar | rie | ed | | | | | | | | | | | | | | | | | | | | | |
| City State City State Pin Code | 10. Nationa | ality: | | | | | | | | | | | | | 11. | R | eliç | gio | n:_ | | | | | | | | | | | | | | |
| City State City State Pin Code | 13 Presen | t Addr | 000 | for C | `omi | nur | vicat | ion | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12. Permanent Address (if any): | City | | | | | | | | | | - - | | | | Stat | e | | - | _ | | | | | | | | | | | | | - | |
| 12. Permanent Address (if any): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Image: Second | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. E-Mail Address (Capital Letters): | | | | | | | | | Τ | | | | | | | e | | Γ | | Ţ | | | | | | | Τ | | | | | | |
| | 40 5 10 11 | | | | | | | - | | | | | | | | | | - | | | F | Pin | Co | ode | ; | | | | | | | | |
| 14. Mobile No Image: Comparison of the second sec | 13. E-Mail | Addres | ss (C | apit | | ette | rs): | | Т | | Т | | Т | Т | | | | Г | | \top | 1 | Т | Т | | | | Т | Т | Т | | | | |
| 14. Mobile No | | | | _ | | | | _ | | | 1 | | | | | | L | 1 | _ | | | | | | | L | 1 | | | | | | |
| | 14. Mobile | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| S. No. | Qualification | University / Institute / College | Year of Passing | Division Grade |
|-----------|---|----------------------------------|--------------------|-------------------|
| 1 | Post-Graduate in Hospital Management (or Healthcare) | | | |
| 2 | B.Sc. in Life Sciences | | | |
| 3 | Graduation in any field | | | |
| 4 | | | | |

15. Educational/Professional Qualifications for the posts of PCM D / PCCD:

16. Work Experience (add separate sheet if required):

| 1. | Designation | | |
|----|---------------------|------|----|
| | Organization | | |
| | Duration (DD/MM/YY) | From | То |
| | Job profile | | |
| 2. | Designation | | |
| | Organization | | |
| | Duration (DD/MM/YY) | From | То |
| | Job profile | | |

17. Total years of experience: ____

18. References:

| S. No. | Name | Address | Contact Number |
|-----------|------|---------|----------------|
| 1. | | | |
| 2. | | | |

19. Languages known other than Hindi /English (Tick appropriate boxes)

| | Read | Speak | Write |
|----|------|-------|-------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Note: Please attach self-attested photocopies of following documents with the form (compulsory:

- 1) Birth Certificate or 10th pass certificate
- Caste Certificate, if any.
 Educational / Professional Certificates
- 4) Work Experience Certificates
- 5) PAN Card
- 6) Aadhar Card
- 7) Copy of EPF/ESIC Card (if already have)