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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LOGO  **Job Application Form**  (Please fill in each information clearly and completely. Type or write with black ball pen and submit as per the instructions stated in the job announcement.) | | | | | | | | | | | | | | Photo |
| Position Applied for: |  | | | | | | | | | | | | | |
| **Personal Information**  (Please fill up all mandatory fields below that related to you only) | | | | | | | | | | | | | | |
| Full Name: |  | | | | | | | | | | | | | |
| Spouse Name if any: |  | | | | | | | | | | | | | |
| Father’s Name: |  | | | | | | | | | | | | | |
| Mother’s Name |  | | | | | | | | | | | | | |
| Present Address: |  | | | | | | | | | | Nationality: | | |  |
| Date of Birth: | | |  |
| Permanent Address: |  | | | | | | | | | | Email Address: | | |  |
| Mobile if any: | | |  |
| National ID Number: |  | | | | | | | | | | Blood Group: | | |  |
| Material Status: | О Single О Married  О Divorce О Widow/Widow inch | | | | | | | | | | Sex: | | | О Male  О Female  О Others |
| Career Objective: |  | | | | | | | | | | | | | |
| **Highlights**  (Please fill up below points which emphasis you at a glance.) | | | | | | | | | | | | | | |
| State your total experience including experience in healthcare/clinics/hospitals: | | | | | |  | | | | | | | | |
| State your highest educational qualification: | | | | | |  | | | | | | | | |
| Mention your expertise and specialization (if any): | | | | | |  | | | | | | | | |
| Mention your level of PC skills (for example, MS office, Tally software etc.) | | | | | |  | | | | | | | | |
| Any other major points you want to mention: | | | | | |  | | | | | | | | |
| **Education & Professional Qualification**  (Please start with the highest qualification) | | | | | | | | | | | | | | |
| Academic Qualification | | | | Grade/Division | | Passing Year | | | | Name of the Institutions | | | | |
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| **Skills**  (Please mention your key skills related to your work experiences) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Professional Experiences (If any)**  (Please list here from most recent) | | | | | | | | | | | | | | |
| Current or most recent employer: | | | |  | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | |
| Type of Business: |  | | | | | | | | | | Location: | | |  |
| Designation/Position: |  | | | | | | | | | | Service Period: | | |  |
| Key Achievements:  (Not more than 3 points) | 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| Major Responsibilities:  (Not more than 5 points) | 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | |
| **Previous Experiences**  (Please list here your previous experiences and you may use separate sheet to mention all experiences) | | | | | | | | | | | | | | |
| Organization/Company: |  | | | | | | | | | | | | | |
| Designation/Position: |  | | | | | | | | | | Service Period: | | |  |
| Key Achievements:  (Not more than 3 points) | 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| Major Responsibilities:  (Not more than 5 points) | 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |
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| Organization/Company: |  | | | | | | | | | | | | | |
| Designation/Position: |  | | | | | | | | | | Service Period: | | |  |
| Key Achievements:  (Not more than 3 points) | 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| Major Responsibilities:  (Not more than 5 points) | 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |
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| **Training/Workshop/Seminar**  (Please mention at least three which relevant to the position you applied for) | | | | | | | | | | | | | | |
| Name of Training/Workshop/Seminar | | | | | Trainer/Institution/Organizer | | | | | | | | | Dates & Duration |
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| **Projects/Research Paper/Reports/Publications/Journals** | | | | | | | | | | | | | | |
| Please mention the name of the project you participated, or research papers you published in any journal or publication with title and year of publication: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Professional Affiliation with Association/Organization** | | | | | | | | | | | | | | |
| Please mention the name of the organization & your engagement and position. if any, you may mention your affiliation with Club, NGO, philanthropic organizations and any volunteer works, contribution for the society etc.: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Reference**  (Please mention two references from your present line supervisor and previous line supervisor. We check references only after primary selection) | | | | | | | | | | | | | | |
| Details | Reference 1 | | | | | | Reference 2 | | | | | | | |
| Name: |  | | | | | |  | | | | | | | |
| Designation: |  | | | | | |  | | | | | | | |
| Organization: |  | | | | | |  | | | | | | | |
| Email Address: |  | | | | | |  | | | | | | | |
| Telephone Numbers: |  | | | | | |  | | | | | | | |
| Relationship: |  | | | | | |  | | | | | | | |
| **Declaration** | | | | | | | | | | | | | | |
| Do you know anyone personally or do you have any relative, working with Marie Stopes?  Yes: **О** No: **О**  If YES, please give details below: | | | | | | | | | | | | | | |
| Name: | | |  | | | | | Designation | | | |  | | |
| I do hereby confirm that all information and attachments provided here are correct and I understand that for any misleading/untrue information my application/appointment may be terminated. | | | | | | | | | | | | | | |
| Name:  Date: | |  | | | | | | | Signature: | | | |  | |