

SADAR HOSPITAL, RANCHI

CANDIDATE EVALUATION SHEET

FULL NAME OF THE CANDIDATE –

DATE OF BIRTH –

(AGE – YEARS)

FATHERS NAME –

COMPLETE ADDRESS - _

MOBILE NO.

EMAIL ID –

Component I – Educational qualification (Minimum Qualification)

Sl.No	Name of Institution	Qualification	Division	Remarks

• Higher qualification than minimum requirement (If Any)

Sl.No	Name of Institution	Qualification	Division	Remarks

Component II – Work experience

Sl.No	Name of Organisation	From	To	No. of Years	Remarks
1					
2.					

Place:

Date:

Signature of Candidate