

**Seth G.S. Medical College & K.E.M. Hospital
Diamond Jubilee Society Trust**

Form to be filled by Appointee on Stipendiary Assignments of DJST

- 1. Name of the candidate** : _____
- 2. Birth date** : _____
- 3. Address** : _____

- 4. Phone No. (Res.)** : _____
- 5. Mobile** : _____
- 6. E-mail Address** : _____
- 7. Highest Degree
(Educational qualification)** : _____
- 8. University (College/School)** : _____
- 9. Date of acquiring the
Highest degree** : _____
- 10. Experience of working**
i.. on same post : _____ **months/years**
ii. on any other post : _____
- 11. Address of previous working
place (with phone numbers)** : _____

- 12. Present position offered** : _____
- 13. Appointment Date** : _____
- 14. Name of project** : _____
- 15. Stipend per month** : _____

16. Duration of Assignment : _____

17. Mobile No. of Principal Investigator
(if not, contact number) : _____

18. Reference of person who
knows the appointee(outside KEM)

i. Name : _____

ii. Address : _____

iii. Phone No. (Res.) : _____

iv. Mobile : _____

v. E-mail Address : _____

I hereby declare that I am not employed anywhere else and I give an undertaking that I shall not take any other employment till I work on the project

Signature of the Appointee

I am satisfied with the credentials of _____ and I appoint him/her on the above-mentioned stipendiary assignment.

Signature of Principal Investigator

Name : _____

Designation : _____

Mobile Number : _____

(or any other contact no.
other than institutional
intercom)