

	Hospital Name:	Document No:	QUXAT/H/F/54
	Employment Interview Form		Page No:

Name of the Candidate		Department Applied for	
Address/Phone No/Email ID/Aadhar Number		Designation Applied for	
Age		Gender	
Date and Time of interview			

Educational Qualifications			
X class %		Passed Year	
Intermediate %		Passed Year	
Degree %		Name of degree & Year of passing	
Post Graduate %		Name of degree & Year of passing	

For office use only			
Date of Interview		Time of Interview	
Comments			
Expected Salary			
Selected (Yes/No)			
Joining Date			

Comments:

HR/Incharge - Signature

Authorized Signatory - Signature

Prepared by:	Issued by:	Reviewed by:	Approved by:	Amend Date:	Copy No:
Quality Manager	NABH Coordinator	Medical Superintendent	Medical Director	Amendment No:	
Signature:	Signature:	Signature:	Signature:	Issue Date: Issue No:	