

# Candidate Evaluation Sheet

**POST APPLIED FOR :-** \_\_\_\_\_

FULL NAME OF CANDIDATE : -

DATE OF BIRTH :- (AGE - YEARS)

FATHERS NAME : -

COMPLETE ADDRESS : -

MOBILE NO: -

EMAIL ID : -

**COMPONENT I EDUCATION QUALIFICATION (MINIMUM QUALIFICATION)**

SL.NO	NAME OF INSTITUTION	QUALIFICATION	DIVISION	Total Marks in (%)	REMARKS

**HIGHER QUALIFICATION THAN MINIMUM REQUIRMENT (IF ANY)**

SL.NO	NAME OF INSTITUTION	QUALIFICATION	DIVISION	REMARKS

**Experience (IF ANY)**

SL.NO	Post	Name of Hospital	From	To	REMARKS

Signature of Applicant