

# PERSONAL PROFILE SHEET



REF NO: HRD/THY/06/2012/01

### Instructions to be followed

- Write in your own handwriting & in your own words
- Use black / blue ink. Use BLOCK letters to fill up page 1
- Please note all communications to you will be sent via Email & SMS
- Laboratory processing work is carried out only in Night Shift
- Legibility of hand writing is also considered for evaluation
- **Please note : copied / non original / duplicate effort will be rejected at any point of time**

Any friend / relative working with thyrocare  Y /  N If yes, Name: \_\_\_\_\_

Date : DD / MM / YY

Name : FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

Mobile No. :

Declared Qualification : \_\_\_\_\_

DOB : DD / MM / YYYY

Pursuing Qualification : \_\_\_\_\_

Sex : Male  Female

Department applied for : \_\_\_\_\_

Marital Status : \_\_\_\_\_

E-Mail Id : \_\_\_\_\_

Current Designation : \_\_\_\_\_

### Present Address

### Permanent Address

Fresher

Experienced

If Experienced : \_\_\_\_ Yrs \_\_\_\_ Months

Presently Working : **Y / N**

City Preferred to work : 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Languages Known : 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Current / Previous CTC :  ₹ Fixed

Expected CTC :  ₹ (per annum)

If pursuing academics, please mention no. of days, leave required \_\_\_\_\_ in the month of \_\_\_\_\_

Notice period required : \_\_\_\_\_ days

Readiness to relocate **Y / N**

Have you handled a team **Y / N**, If yes, No. of members \_\_\_\_\_

# CANDIDATURE DECLARATION FORMAT

Format No.: HRD/THY/06/2012/02

## Family Details :

S. No.	Family Member Name (Most Earning Two Family Members)	Relation	Age	Designation	Annual Income
1					₹
2					₹
<input type="checkbox"/> I am the only earning member					<b>Total Income :</b> ₹

## Personal Details :

I have a)  PC with internet  Mobile with internet Weight :  Kg Height : \_\_ ft \_\_ inches  
b)  2 W Vehicle  2 W Licence Do you smoke? : Y / N  
c)  4 W Vehicle  4 W Licence Blood Collection Skill : Y / N  
Passport : Y / N If yes, valid till : DD / MM / YY

## Educational Details (Highest 2):

S. No	Qualification	Name of the College / Institute	Year of passing out	Percentage	Total course fee
1				%	₹
2				%	₹

## Experience Details :

S. No.	Name of Company	Last Drawn CTC	Designation	Reason for Leaving
1				
2				
3				

### Please attach attested photocopies of your

- Updated resume  Experience Letter  
 Proof of declared qualification  Salary Slip

I declare that I am willing to join this organization with full commitment and the above mentioned details are true to the best of my knowledge.

I also declare that I have no plans to take up any full time course within the next 2 years.

Signature : _____	Date : <u>DD / MM / YY</u>
Name : _____	Place : _____

**For further evaluation, you are advised to write on any 4 topics from your respective profession**

**Nuclear Medicine Professionals**

1. Nuclear Medicine in Oncology
2. Medical Cyclotron
3. Positron Emission Tomography
4.  $^{18}\text{F}$ -FDG
5.  $^{99\text{m}}\text{Tc}$
6. Patient preparation in PET-CT
7. Fusion Imaging
8. Nuclear Medicine - Investment, Consumables & Costs
9. Single PET vs Multi-PET facility-Advantages & Limitations
10. Nuclear Medicine Discipline - How to make it grow?

**Biomedical Engineering**

1. Medical Imaging
2. Hospital Information System
3. Medical Image Processing
4. Computers in Medicine
5. Radioisotopes
6. Patient monitoring systems
7. Tomography
8. Nuclear Medicine
9. Medical Cyclotron
10. PACS

**Nurses**

1. Nursing in Oncology
2. First Aid
3. Common Medical Emergencies
4. Vital Signs & Symptoms
5. Diagnostic Imaging
6. Radioisotopes
7. Cancer
8. Nuclear Medicine
9. Mammography
10. Meeting needs of a patient :  
A Nurses perspective