General Corporate Inquiries:



Mount Sinai Hospital

Passport

APPLICATION FORM

Full Name: Neethu Sahy Parent Name: Sahu Abraham
Full Address: Thumbeparambel (H) The Kkumpadam Kappil (p.o) Wandoon (Via)
Telephone No: +966502456865 Mobile No: +966570846542 Fax:
Qualification: BSC NYVSing
Age: 32 Sex (M/F): Female Date of Birth: 10-11-1990
Passport No: <u>\$36863/4</u> Date of Issue: <u>14-3-2019</u> Date of Expiry: <u>12-3-2028</u>
Place of Birth: Mampad Email Address: <u>Neethy Shiny 17-@ gmail Com</u>
Place of Birth: Mampad Email Address: Neethy Shiny 17-@ gmail Com Marital Status: Married: Married Divorces: Nationality: Indian
International Driver License: YESNODate of Expiry:
Education: High School / University From: 2009 To 2013.
Certificate Held: BA, BSC, B.COM, HND, M.SC, NM, COM, PHD, TOEFL, IELTS, RN or RSA
EMPLYMENT
Current Company / Previous Company: Al moosa Specialist hospital
From: 27-12-2016 To: Still Warking Last Net Salary: \$2000
Referred By: Lama Chanouha (Kead Narse)
Document Attached (no's)
Position applied for: Staff nurse



Signature & Date





Mount Sinai Hospital

INTERVIEW FORM

Below are the questionnaire you need to explain and send it back to us, so that it will help to analyze about you more. After you send this questionnaire answers back, you will receive from our **HUMAN RESOURCE DEPARTMENT** the status of application wetter you are selected or not.

If you are one of the selected candidate, you will receive appointment letter from the management.

Note: IF THE SPACE IS NOT ENOUGH, USE A SEPARATE PLAIN SHEET TO COMPLETE ANSWERS.



Signature & Date

Mount
Sinai